

Case Number:	CM15-0142057		
Date Assigned:	07/31/2015	Date of Injury:	12/07/2014
Decision Date:	09/04/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/22/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51 year old female, who sustained an industrial injury on 12-7-2014. The mechanism of injury is was a slip and fall. The injured worker was diagnosed as having backache, upper arm joint pain, back contusion and lumbar sprain. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 6-26-2015, the injured worker complains of low back pain and right lumbar pain with stiffness and spasm and right elbow pain. Physical examination showed decreased and painful lumbar range of motion and right elbow tenderness. The treating physician is requesting Outpatient Physical Therapy 3 times a week for 4 weeks for the right shoulder, back, and right arm.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Outpatient Physical Therapy 3 times a week for 4 weeks for the Right Shoulder, Back, and Right Arm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with low back pain and right lumbar pain with stiffness and spasm and right elbow pain. The current request is for outpatient physical therapy 3 times a week for 4 weeks for the right shoulder, back, and right arm. The treating physician states, in a report dated 06/26/15, "Referral continue physical therapy (for evaluation of the right shoulder, entire back, and right arm pain and spasm, 3 times a week, for 4 weeks." (53B) The MTUS guidelines state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, the treating physician notes that "PT helped and [the patient] would like to resume more sessions." The UR Determination letter dated 07/15/15 states, "The claimant began 6 physical therapy treatments in April 2015. A course of 6 additional physical therapy treatments can be considered appropriate to address the current complaints." (32B) The requested 12 sessions exceed the number of sessions recommended by the MTUS guidelines, and there is no documentation of any recent surgery or new injury to justify additional PT at this juncture. The current request is not medically necessary.