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| Case Number: | CM15-0144096 | | |
| Date Assigned: | 08/05/2015 | Date of Injury: | 03/07/2013 |
| Decision Date: | 09/02/2015 | UR Denial Date: | 07/13/2015 |
| Priority: | Standard | Application Received: | 07/24/2015 |

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports Medicine

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 62 year old female who sustained an industrial injury on 3-7-13. Treatments include: medication and physical therapy. Progress report dated 5-14-15 reports continued complaints of bilateral shoulder pain, low back pain, and bilateral knee pain. Diagnoses include: right sided lumbar radiculopathy degenerative joint, degenerative disc disease of the lumbar spine with protrusions at L2-5, right rotator cuff tendinitis, impingement and full thickness rotator cuff tear, left shoulder strain and rotator cuff tendinitis, right and left patellar chondromalacia and iliotibial band syndrome. Plan of care includes: continue medication, continue exercise as tolerated, request physical therapy 12 session for bilateral shoulders, bilateral knees and lumbar spine. Discussed treatment options of corticosteroid injections, epidural injections and surgery to consider. Work status: continue to work with restrictions of no sitting in a low chair, no repetitive continuous bending, lifting, kneeling, squatting, and stooping. If light duty is not available she will be totally temporarily disabled. Follow up in 3 weeks. Progress report dated 6-4-15 reports definite improvement with therapy. Continue current treatment plan and follow up in 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Right Shoulders, twice a week for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Pages 98-99.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for physical therapy sessions. Physical Medicine Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The patient has completed an undocumented amount of physical therapy already, and there is lack of documentation of functional improvement. According to the clinical documentation provided and current MTUS guidelines; additional Physical therapy, as written above, is NOT indicated as a medical necessity to the patient at this time.