MAXIMUS Federal Services

Case Number:	CM15-0145680		
Date Assigned:	08/06/2015	Date of Injury:	06/12/2011
Decision Date:	09/03/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/27/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 68 year old female with an industrial injury dated 06-12-2011. The injured worker's diagnoses include rule out right knee internal derangement, right knee patellar tendinitis, refractory, left knee pain, rule out lumbar disc injury, rule out lumbar radiculopathy, protrusion C5-6 and C6-7, left shoulder impingement and tendinopathy of rotator cuff, headache and head complaints of uncertain etiology. Treatment consisted of diagnostic studies, prescribed medications, physical therapy for left shoulder, injections, and periodic follow up visits. In a progress note dated 07-15-2015, the injured worker reported left shoulder pain, low back pain, right knee pain, cervical pain with left greater than right upper extremity symptoms, thoracic pain and head symptoms including headache. The injured worker rated cervical pain a 5 out of 10. Objective findings for cervical spine revealed tenderness. The treated plan consisted of shockwave therapy for left shoulder, diagnostic studies for lumbar spine, gastroenterologist consult, physical therapy for cervical spine and request for a cane. The treating physician prescribed services for physical therapy for the cervical spine 2 times a week for 4 weeks now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical spine 2 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in June 2011 and is being treated for pain throughout the spine with radiating neck pain, headaches, and right knee and left shoulder pain. When seen, pain was rated at 5-8/10. There was decreased cervical and lumbar range of motion. There was tenderness throughout the spine. There was bilateral knee and left shoulder tenderness. Knee and shoulder range of motion were decreased. Shoulder impingement testing was positive and there was shoulder swelling. Physical therapy was requested for the cervical spine due to deconditioning. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was likely to be effective. The request is not medically necessary.