

Case Number:	CM15-0149617		
Date Assigned:	08/12/2015	Date of Injury:	11/18/2010
Decision Date:	09/09/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	08/01/2015

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 62 year old male, who sustained an industrial injury on November 18, 2010, incurring head, neck, shoulders, upper and lower back injuries after a gate fell on top of him. He was diagnosed with lumbar disc disease, lumbar canal stenosis, cervical spondylosis and radiculitis. Treatment included pain medications, home exercise, and physical therapy and activity restrictions. Currently, the injured worker complained of constant neck pain and stiffness and mid and low back pain with prolonged sitting and lying down. He noted the pain radiated down both legs with numbness into his feet. He complained of persistent shoulder pain with limited range of motion and difficulty sleeping secondary to pain in his back and shoulders. The treatment plan that was requested for authorization included 12 physical therapy sessions for the lumbar and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy sessions for the lumbar and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine guidelines.

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 injury in November 2010 and continues to be treated for pain throughout the spine radiating the legs and feet, radiating shoulder pain with numbness, bilateral wrist and hand pain with weakness and swelling, bilateral knee pain with popping and instability, and difficulty sleeping. When seen, there was tenderness throughout the spine. Straight leg raising was positive. There was bilateral knee joint line and patellofemoral tenderness and crepitus with range of motion. There was diffuse bilateral wrist and hand tenderness. There was decreased shoulder range of motion with positive impingement testing. Authorization was requested for 12 sessions of physical therapy. 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 was not medically necessary.