

Case Number:	CM15-0149808		
Date Assigned:	08/13/2015	Date of Injury:	03/26/1993
Decision Date:	09/10/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/03/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 79 year old female, who sustained an industrial injury on 3-26-93. The diagnoses have included right shoulder impingement, rotator cuff tendonitis, anxiety, depression, status post cervical fusion, cervical radiculopathy, and disorders of the bursae and tendons of the shoulder region. Treatment to date has included medications, activity modifications, diagnostics, surgery, physical therapy and other modalities. Currently, as per the physician progress note that is dated 6-18-15, the injured worker complains of back pain. It is noted that she sustained two falls in the last 2 weeks. It also noted that when she tried to break her fall she landed on her arms. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine and Magnetic Resonance Imaging (MRI) of the right hip. The current medications included Vicodin. The objective findings-physical exam reveals cervical spine well healed incision secondary to cervical fusion and lumbar spine well healed incision secondary to lumbar fusion. It is noted that she was given a Toradol intramuscular injection and tolerated well. There is no previous physical therapy sessions noted. The physician requested treatment included Physical therapy twelve sessions two times a week for six weeks to the cervical spine, lumbar spine and right hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy; twelve sessions (two times a week for 6 weeks): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 174,204, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS): 24 visits over 16 weeks. According to the ACOEM guidelines, Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. The amount requested exceeds the guidelines recommendations; consequently, 12 therapy sessions are not medically necessary.