

Case Number:	CM15-0164028		
Date Assigned:	09/01/2015	Date of Injury:	03/25/2015
Decision Date:	10/05/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	08/20/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 59 year old male, who sustained an industrial injury on 3-25-2015. Diagnoses include acute contusion right elbow, acute contusion right shoulder and acute lumbar sprain-strain. Treatment to date has included prior physical therapy for the lumbar spine and right elbow. Per the handwritten Primary Treating Physician's Progress Report dated 7-09-2015, the injured worker reported that he was still having pain in the low back radiating to the bilateral legs and pain in the right shoulder and right elbow. Physical examination of the low back revealed tenderness at L4-S1 with spasm. Right elbow examination revealed good range of motion. Right shoulder examination revealed tenderness anteriorly. The plan of care included a request for additional outpatient physical therapy (3 x 2) to the right shoulder, right elbow and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional outpatient physical therapy 3 times per week for 2 weeks to the right shoulder, right elbow, and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 909-99.

Decision rationale: The injured worker sustained a work related injury on 7-09-2015. The medical records provided indicate the diagnosis of acute contusion right elbow, acute contusion right shoulder and acute lumbar sprain-strain. Treatment to date has included prior physical therapy for the lumbar spine and right elbow. The medical records provided for review do not indicate a medical necessity for Additional outpatient physical therapy 3 times per week for 2 weeks to the right shoulder, right elbow, and lumbar spine. The medical records indicate the injured worker has had at least 12 physical therapy visits between 06/3/2015 and 07/24/15, and that the injured worker has not had an overall improvement, as evidenced by the fact that the injured worker has remained off work. The MTUS recommends a fading treatment of 8-10 visits over 8 weeks followed by home exercise treatment. The request is not medically necessary.