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| Case Number: | CM15-0164086 | | |
| Date Assigned: | 09/01/2015 | Date of Injury: | 06/19/2010 |
| Decision Date: | 10/05/2015 | UR Denial Date: | 07/28/2015 |
| Priority: | Standard | Application Received: | 08/21/2015 |

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This is a 78-year-old male who sustained an industrial injury on 06-19-2010. Diagnoses include history of cervical spine discogenic disease with radiculitis, exacerbation; cervical spine myofascial pain syndrome, exacerbation; chronic neck pain syndrome; history of thoracic spine musculoligamentous strain-sprain, exacerbation; history of lumbar spine musculoligamentous strain-sprain, exacerbation; lumbar spine foraminal stenosis, exacerbation; rule out lumbar spine spondylolisthesis; lumbar spine disc protrusion with radiculopathy; and history of left shoulder strain-sprain. Treatment to date has included medication, physical therapy and exercise program. According to the progress notes dated 7-1-2015, the IW (injured worker) reported pain in the neck, mid and upper back rated 6 out of 10; pain in the lower back, rated 6 out of 10; and pain in the left shoulder, rated 4 out of 10. It was noted the lower back pain and left shoulder pain was decreased from his previous visit. On examination, there was grade 2 tenderness to palpation over the paraspinal muscles and the left shoulder with restricted range of motion in the cervical and lumbar spine and the left shoulder. The IW stated PT helped decrease his pain and tenderness and improved his function and activities of daily living by 10%. He had completed 7 sessions of PT, according to the notes, and the treatment plan included continuing the PT for the cervical, thoracic and lumbar spine and the left shoulder. A request was made for 12 physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: 12 physical therapy visits are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had prior PT. The patient should be versed in a home exercise program. There are no extenuating factors, which would necessitate 12 more supervised therapy visits, which would further exceed MTUS recommendations of frequency of PT visits for this condition. Furthermore, the request does not specify a body part for this therapy. For these reasons, this request is not medically necessary.