

Case Number:	CM15-0167270		
Date Assigned:	09/04/2015	Date of Injury:	07/16/2014
Decision Date:	10/08/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/25/2015

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

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 39 year old male who sustained an industrial injury on 07-16-14. Initial complaints and diagnoses are not available. Treatments to date include medication, left shoulder manipulation under anesthesia, left carpal tunnel release, and physical therapy. Diagnostic studies include a MRI of the left extremity joint. Current complaints include chronic lower back, left cervicobrachial, and left shoulder pain. Current diagnoses include long term use of medications, pain in the upper arm joint and lumbar sprain and strain. In a progress note dated 08-07-15 the treating provider reports the plan of care as medications including OxyContin, and additional physical therapy. The requested treatment includes physical therapy to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1 time a week for 6 weeks, lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The 8/7/15 attending physician report indicates the patient complains of chronic low back pain, chronic cervicobrachial pain, left shoulder and left elbow pain. The current request for consideration is Physical Therapy 1 time a week for 6 weeks, lumbar spine. The CA MTUS does recommend physical therapy as an option for chronic pain. The CA MTUS guidelines further recommend that treatment frequency taper and give rise to a transition into fully independent home exercise. Guidelines indicate that for myalgia and myositis, 9-10 visits over 8 weeks is appropriate. In this case, the records indicate that 32 physical therapy sessions have been previously authorized. It is unknown how many of those authorized sessions have been completed. However, the records indicate that the patient has suffered an acute exacerbation secondary to a fall. Examination indicates diminished lumbar range of motion, tenderness and spasm. Six physical therapy sessions are consistent with CA MTUS guidelines. The medical records do appear to establish medical necessity for the request of additional physical therapy. The current request is medically necessary.