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| Case Number: | CM15-0167280 | | |
| Date Assigned: | 09/04/2015 | Date of Injury: | 06/19/2014 |
| Decision Date: | 10/08/2015 | UR Denial Date: | 08/20/2015 |
| 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 was a 27-year-old male, who sustained an industrial injury, June 19, 2014. The injured worker previously received the following treatments physical therapy. The injured worker was diagnosed with status post blunt head injury with loss of consciousness, facial laceration resolving, cervical musculoligamentous strain and or sprain with radiculitis, cervical spine discogenic disease, left shoulder strain and or sprain, rule out left shoulder rotator cuff tear, left wrist strain and or sprain, left wrist tenosynovitis, left hand strain and or sprain, left knee strain and or sprain, rule out left knee internal derangement and insomnia. According to progress note of July 23, 2015, the injured worker's chief complaint was headaches as well as pain in the neck and left shoulder. The injured worker rated the pain 4 out of 10, which had increased from the prior visit of 3 out of 10 for the headache pain and 4 out of 10 for the neck and left shoulder pain which was 2 out of 10 at the last visit. The physical exam of the cervical spine noted 2-3 tenderness with palpation over the paraspinal muscles, which increased from a grade 3 on the last visit and 2-3 palpable spasms. There was restricted range of motion and trigger points noted. The left shoulder had grade 2-3 tenderness with palpation. The impingement and supraspinatus test were positive. The left wrist was grade 2-3 tenderness with palpation. The left knee was grade 2-4 tenderness with palpation, which had increased since the prior visit. The treatment plan included physical therapy for multiple body parts.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for multiple body parts; 3x4: Upheld

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 7/23/15 attending physician report indicates the patient has complaints of headaches, neck and left shoulder pain. The request for consideration is Physical Therapy for the cervical spine and left shoulder. The attending physician in is 7/23/15 report indicates the treatment plan is to continue physical therapy for evaluation and treatment of the cervical spine and left shoulder, 3 X a week for 4 weeks. The CA MTUS does recommend physical therapy as an option in chronic pain. Physical therapy is generally indicated at a decreasing frequency with transition into fully independent home exercise. The CA MTUS guidelines allow for 9-10 sessions over 8 weeks for myalgia and myositis. In this case, there is no discussion of how many physical therapy sessions have been utilized to date. There is also no discussion of objective functional benefit from previous administered physical therapy. The available records for review do not establish medical necessity for this request.