

Case Number:	CM15-0168385		
Date Assigned:	09/09/2015	Date of Injury:	08/26/2003
Decision Date:	10/14/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/26/2015

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:

The injured worker is a 59 year old female, who sustained an industrial injury on 8-26-03. The injured worker was diagnosed as having right and left shoulder tendinitis, impingement syndrome and carpal tunnel syndrome of right hand, cervical disc herniation and degeneration, lumbar spine disc herniation and myoligamentous sprain-strain of left knee with internal derangement. Treatment to date has included Norco 10-325mg, activity modifications and home exercise program. On 6-26-15 and 7-22-15, the injured worker complains of pain in the neck with radicular symptoms into the right and left arm, aggravated with lifting; pain in lower back with radicular symptoms into the right and left leg aggravated with prolonged sitting, standing and walking and she also complains of increased cramping in her legs. She has previously been declared permanent and stationary. Physical exam performed on 6-26-15 and 7-22-15 revealed forward flexion and extension of cervical spine of 50 degrees, rotation to right and left 65 degrees and lateral bending 30 degrees to right and left. Tightness and spasm are noted in the trapezius, sternocleidomastoid and straps muscle on right and left and lumbar spine flexion is 50 degrees, extension is 20 degrees, lateral bending is 20 degrees on right and left and tightness and spasm is noted in the lumbar paraspinal musculature bilaterally. The treatment plan included a prescription for aqua therapy 3 times a week for 6 weeks for increasing range of motion, strength training and decreasing pain; prescription for interferential unit, heating pad, home exercise program, request for handicap placard and refilling of Norco 10-325mg #120. On 8-7-15, utilization review denied physical therapy 3 times a week for 6 weeks to the lumbar spine, cervical spine and bilateral shoulder noting the injured worker had previously completed

physical therapy but there is no clear documentation of musculoskeletal deficits that cannot be addressed within the context of a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 6 weeks to the LS, CS bilateral shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Physical therapy 3 times a week for 6 weeks to the LS, CS bilateral shoulder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition and the request exceeds this recommended number. The documentation is not clear how much prior PT this patient has had given a work injury dating back to 2003. The documentation is not clear on functional improvement from prior PT or why the patient is not versed in a home exercise program. There are no extenuating factors which would necessitate 18 more supervised therapy visits therefore this request is not medically necessary.