

Case Number:	CM15-0180415		
Date Assigned:	09/22/2015	Date of Injury:	04/13/2015
Decision Date:	10/26/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/14/2015

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

Certification(s)/Specialty: Emergency 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 47 year old male, who sustained an industrial injury on 4-13-2015. The injured worker was diagnosed as having cervical spine sprain, lumbar spine sprain, bilateral shoulder sprain, and bilateral knee sprain. Treatment to date has included diagnostics, medications, chiropractic, and unspecified physical therapy. Many documents within the submitted medical records were handwritten and difficult to decipher. Currently (8-11-2015), the injured worker complains of back pain (rated 6 out of 10), shoulder pain (rated 6 out of 10), neck pain (rated 5 out of 10), knee pain (rated 5 out of 10), foot pain (rated 5 out of 10), and leg pain (unable to decipher). Exam of the cervical and lumbar spines noted tenderness to palpation and spasms, with decreased range of motion. Exam of the peripheral joints noted tenderness to palpation and decreased range of motion. Current medication regimen was not documented but requested refills were noted for Cyclobenzaprine, Diclofenac ER, Pantoprazole, and Escitalopram. His work status remained total temporary disability. His activity of daily living function was not described. The total number of physical therapy sessions completed to date could not be determined. The injured worker's progress since previous re-evaluation for physical therapy and treatment (7-07-2015) was not determined. The treatment plan included continued physical therapy x12 for the cervical and lumbar spines and bilateral shoulders and knees, modified by Utilization Review on 8-21-2015, to 2 physical therapy visits for the cervical and lumbar spines and bilateral shoulders and knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits for cervical, lumbar, both shoulder and both knees: 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 requested 12 physical therapy visits for cervical, lumbar, both shoulder and both knees is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has back pain (rated 6 out of 10), shoulder pain (rated 6 out of 10), neck pain (rated 5 out of 10), knee pain (rated 5 out of 10), foot pain (rated 5 out of 10), and leg pain (unable to decipher). Exam of the cervical and lumbar spines noted tenderness to palpation and spasms, with decreased range of motion. Exam of the peripheral joints noted tenderness to palpation and decreased range of motion. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, or the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met 12 physical therapy visits for cervical, lumbar, both shoulder and both knees is not medically necessary.