

Case Number:	CM15-0181628		
Date Assigned:	09/22/2015	Date of Injury:	08/14/2013
Decision Date:	10/27/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/15/2015

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: Massachusetts

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

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 58 year old male, who sustained an industrial injury on 8-14-2013. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine disc bulge, lumbar spine disc bulge, lumbar spine anterolisthesis, right shoulder internal derangement, left shoulder internal derangement, and right leg strain. On 8-11-2015, the injured worker reported pain in the neck, lower back, right shoulder, left shoulder, and right leg. The Primary Treating Physician's report dated 8-11-2015, noted the right lateral calf, right mid anterior thigh, and right lateral ankle were all intact to light touch sensation. The treatment plan was noted to include request for authorization for lower extremity electromyography (EMG), MRI of the right leg, right leg x-ray, physical therapy to the cervical spine, lumbar spine, right leg, and bilateral shoulders, and consultations with pain medicine for chronic pain, internal medicine for pubic pain, and an orthopedist for the cervical spine, lumbar spine, and bilateral shoulders. The Primary Treating Physician's initial medical report dated 5-28-2015, noted the injured worker was "provided physical modalities and prescription medication as treatment for this injury". No therapy notes were included in the documentation provided. The physical examination was noted to show the lumbar spine with diffuse tenderness, painful range of motion (ROM), and negative bilateral straight leg raise. The neck was noted to have diffuse tenderness with painful cervical spine range of motion (ROM). The bilateral shoulders were noted to have diffuse tenderness with painful range of motion (ROM). A request for authorization was submitted for 12 physiotherapy sessions for the cervical spine, lumbar spine, right leg, and bilateral shoulders. The Utilization Review (UR) dated 8/24/2015, non-certified the request for 12 physiotherapy sessions for the cervical spine, lumbar spine, right leg, and bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physiotherapy sessions for the cervical spine, lumbar spine, right leg, and bilateral shoulders: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a cumulative, work injury with date of injury in August 2013 and is being treated for neck, low back, bilateral shoulder, and right leg pain. When seen, physical examination findings included intact right lower extremity sensation. Authorization is being requested for 12 sessions of physical therapy. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended. Additionally, the requesting provider does not document any particular impairment and is not requesting any specific therapeutic content. The request is not considered medically necessary.