

Case Number:	CM15-0183280		
Date Assigned:	09/24/2015	Date of Injury:	12/13/2012
Decision Date:	11/12/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/17/2015

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: Pennsylvania, Ohio, California
 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 54 year old female who sustained an industrial injury on 12-13-2012. Current diagnoses were not included. Report dated 08-04-2015 noted that the injured worker presented with complaints that included chronic low back pain. Pain level was 5 (with medications) and 7 (without medications) out of 10 on a visual analog scale (VAS). It was noted that the injured worker reported adequate pain refill on medications and current aqua therapy has provided a moderate amount of pain relief. Physical examination performed on 08-04-2015 revealed an antalgic gait, guarding, spasm, and tenderness are noted in the paravertebral musculature of the lumbar spine with painful decreased range of motion, dysesthesia is noted in the L5 and S1 dermatomal distribution bilaterally, patellar tendon and Achilles tendon reflexes are diminished bilaterally, and pain with toe walk and heel walk. Previous diagnostic studies included an EMG-NCS, right shoulder, lumbar spine, and cervical spine MRI, and MR arthrogram right shoulder. Previous treatments included medications, physical therapy, epidural injection, psychotherapy, home exercise, and aqua therapy. The treatment plan included refilling medications, instructed to continue with aqua therapy and activity as tolerated, instructed to continue losing weight and conduct home exercises to strengthen her musculature, and follow up in 4 weeks. The medical records submitted did not include any progress notes from prior physical therapy or current aqua therapy. The amount of completed sessions was also not included. The utilization review dated 08-28-2015, non-certified the request for physical therapy for cervical, lumbar, and right shoulder 2x5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for Cervical, Lumbar, Right Shoulder 2x5: 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: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.