

Case Number:	CM15-0187596		
Date Assigned:	09/29/2015	Date of Injury:	03/20/2013
Decision Date:	11/19/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/23/2015

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 51 year old male injured worker suffered an industrial injury on 3-20-2013. The diagnoses included headaches, cervical, thoracic and lumbar radiculopathy, right shoulder tendinitis, ulnar injury and carpal tunnel syndrome. On 6-3-2015 the treating provider reported headaches, neck pain, bilateral shoulder pain, upper and mid back pain, lower back pain, bilateral knee, ankle and foot pain, and bilateral wrist and hand pain. On exam of the headache the pain was noted over the occipital that was constant and moderate. The neck pain radiated to the shoulder that was constant and moderate. The upper extremity pain was over the shoulder with associated limited range of motion that was constant and moderate. There was pain over the elbow with associated limited range of motion that was constant and moderate. The upper-mid back pain was constant and moderate. The lower back pain radiated to the buttocks and thigh that was constant and moderate. The provider reported the injured worker should continue physical therapy. The medical record did not include goals of treatment or record of specific past physical therapy treatment with evaluation and outcomes. Prior treatment included acupuncture, medication, and physical therapy 4-2013, unknown number of sessions and unknown results. The Utilization Review on 8-27-2015 determined modification for 16 sessions to 8 sessions of physical therapy 2 times a week for the left shoulder and lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 sessions of physical therapy 2 times a week for 8 weeks for the left shoulder and lower back: 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.