

Case Number:	CM15-0192128		
Date Assigned:	10/06/2015	Date of Injury:	06/28/2013
Decision Date:	11/12/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/30/2015

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: 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 40 year old female who sustained an industrial injury on 06-28-2013. A review of the medical records indicated that the injured worker is undergoing treatment for cervical degenerative disc disease, lumbar degenerative disc disease, left shoulder rotator cuff tear and left shoulder tendinitis and impingement. According to the treating physician's progress report on 08-21-2015, the injured worker continues to experience ongoing neck, lower back pain with right hip and lower extremity pain and shoulder pain. The injured worker reported her neck and back pain as 5 out of 10 on the pain scale. Examination demonstrated tenderness and spasm of the lumbar paraspinal muscles with stiffness on motion. The bilateral facet joints were also tender bilaterally. Sensation to the bilateral lower extremities was intact. The cervical spine examination noted tenderness and spasm of the cervical paraspinal muscles, facet joints and stiffness of the cervical spine. The left acromioclavicular joint revealed tenderness and decreased grip strength. Recent left shoulder magnetic resonance imaging (MRI) dated 04-24-2015 and a lumbar spine magnetic resonance imaging (MRI) in 02-19-15 was interpreted within the progress note of 08-21-2015. Prior treatments have included diagnostic testing, left shoulder subacromial steroid injection (05-27-2015), physical therapy (6 sessions completed for the left shoulder from 07-07 to 08-06 2015), chiropractic therapy, home exercise program and medications. Current medications were listed as Norco and Voltaren gel. Treatment plan consists of refilling Norco prescription and Voltaren gel, continuing with home exercise program, cervical spine X-rays, neurosurgical evaluation, lumbar flexion and extension X-rays, repeat of a lumbar spine magnetic resonance imaging (MRI) to include T2 and the current request for physical therapy twice a week for 2-3 weeks for the cervical spine, lumbar spine and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 2-3 weeks for the cervical spine, lumbar spine, and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic 2013 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The physical therapy 2 times a week for 2-3 weeks for the cervical spine, lumbar spine, and left shoulder is not medically necessary and appropriate.