

Case Number:	CM15-0192301		
Date Assigned:	10/07/2015	Date of Injury:	04/28/2009
Decision Date:	11/18/2015	UR Denial Date:	08/31/2015
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: New York, West Virginia, Pennsylvania
 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 43 year old male who sustained an industrial injury on 4-28-09. The injured worker reported discomfort in bilateral shoulders and low back. A review of the medical records indicates that the injured worker is undergoing treatments for lumbosacral strain, cervical strain, and bilateral shoulder strain. Medical records dated 7-6-15 indicate pain rated at 9 out of 10. Treatment has included acupuncture treatment, home exercise program; stretching, Norco since at least February of 2015, Tramadol since at least March of 2015, Cyclobenzaprine since at least March of 2015, Gabapentin since at least February of 2015, magnetic resonance imaging and status post left shoulder arthroscopy. Objective findings dated 7-6-15 were notable for trigger points palpated throughout trapezius, sternocleidomastoid, deltoid, gluteus and trochanteric regions, lumbar spine with pain upon range of motion. The original utilization review (8-31-15) denied a request for Physical therapy for the lumbar spine 1 time per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine 1 time per week for 6 weeks: 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: Guidelines state that physical therapy is recommended for short term relief during the early phase of pain treatment. Patients are expected to continue active therapy at home in order to maintain improvement levels. In this case, the claimant has had 12 session of physical therapy for this injury and there are no objective deficits on examination and no evidence of functional benefit from previous sessions. The request for 1 x 6 physical therapy sessions is not medically necessary and appropriate.