

Case Number:	CM15-0203222		
Date Assigned:	10/19/2015	Date of Injury:	02/08/2013
Decision Date:	12/04/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/15/2015

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: California, Hawaii

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 61 year old female, who sustained an industrial injury on February 8, 2013, incurring upper and lower back injuries. She was diagnosed with lumbar disc displacement, neck pain, cervical radiculitis, left shoulder impingement syndrome and left rotator cuff tear. Treatment included number unknown sessions of physical therapy, diagnostic imaging, topical analgesic cream, topical analgesic patches, modified work duties and activity restrictions. Currently, the injured worker complained of pain in her neck, lower back, left shoulder, left arm, left elbow, left wrist, hand, left knees and left leg. The pain was reported constant and severe with weakness in the left arm and left leg. She rated her pain 9 out of 10 on a pain scale from 0 to 10. The pain was relieved with rest. Her pain was worsened with prolonged walking and standing, bending and stooping with limited range of motion of the shoulder. The treatment plan that was requested for authorization included physical therapy once a week for six weeks to the lumbar spine and upper extremity. On October 9, 2015, a request for physical therapy was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1 time a week for 6 weeks, lumbar spine, upper extremity: Overturned

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: The patient presents with pain affecting the neck, low back, left shoulder, left elbow, left wrist, left hand, left knee, and left leg. The treating physician report dated 8/5/15 (4B) states, "We requested referral for physical therapy per QME to focus on joint range of motion, soft tissues modalities and core stretching and strengthening." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided do not show the patient has received physical therapy for the lumbar spine previously. The patient's status is not post-surgical. In this case, the current request of 6 visits is within the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. The current request is medically necessary.