

Case Number:	CM15-0022018		
Date Assigned:	02/11/2015	Date of Injury:	07/23/2013
Decision Date:	03/25/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/05/2015

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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 57-year-old female, who sustained an industrial injury on August 4, 1980. The diagnoses have included cervical and lumbosacral radiculopathy, shoulder tendinitis and bursitis, elbow tendinitis and bursitis and wrist tendinitis and bursitis. Treatment to date has included medication, twelve previous sessions of physical therapy and left shoulder arthroscopy. Currently, the injured worker complains of pain in her neck and lower back which radiates to the upper and lower extremities. She complains of bilateral shoulder pain, which is worse on the left side and reports that she has difficulty lifting, pushing, and pulling objects. On examination, she has spasm, tenderness, and guarding with decreased range of motion on flexion and extension over the cervical and lumbar spine. She ambulates with an antalgic gait and has weakness with toe and heel walking bilaterally. On January 9, 2015, Utilization Review non-certified a request for physical therapy of the lumbar spine, noting that the injured worker has had adequate physical therapy for the chronic condition and there is no documentation of significant subjective benefits or objective functional improvement related to the physical therapy. The California Medical Treatment Utilization Schedule referenced ACOEM was cited. On February 5, 2015, the injured worker submitted an application for IMR for review of physical therapy of the lumbar spine.

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, quantity: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Psychological Evaluations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287 - 316.

Decision rationale: The injury was 35 years ago and the patient has been treated with courses of physical therapy. There is no documented improvement in functionality from previous physical therapy courses and she had 12 recent physical therapy visits. According to ACOEM, the purpose of physical therapy is for instruction in a home exercise program. There is no objective documentation of any recent re-injury and there is no objective documentation of superiority of continued formal physical therapy over a home exercise program now relative to the injury. By this point in time, the patient should have been transitioned to a home exercise program therefore this request is not medically necessary.