

Case Number:	CM15-0028198		
Date Assigned:	02/20/2015	Date of Injury:	09/13/2013
Decision Date:	04/14/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/13/2015

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 injured worker is a 45-year-old male, who sustained an industrial injury on 09/13/2013. The diagnoses have included cervical spine myofascial pain syndrome, thoracic spine myofascial pain syndrome, lumbar spine myofascial pain syndrome, bilateral shoulder sprain/strain, bilateral foot plantar fasciitis, and right foot metatarsalgia. Noted treatments to date have included physical therapy and medications. Diagnostics to date have included MRI of the lumbar spine on 09/03/2014, which showed straightening of the lumbar spine, early disc desiccation at L4-5 and L5-S1 levels, focal fatty deposition at L3 vertebrae, and diffuse disc protrusion with annular tear effacing the thecal sac. In a progress note dated 12/11/2014, the injured worker presented with complaints of neck, mid/upper back, lower back, bilateral shoulders/arms, and bilateral feet pain. The treating physician reported the physical therapy helps to decrease his pain and tenderness. Utilization Review determination on 01/15/2015 modified the request for Continue Physical Therapy Evaluation and Treatment of Lumbar Spine and Bilateral Shoulders 2 x 6 weeks to Continue Physical Therapy Evaluation and Treatment of Lumbar Spine and Bilateral Shoulders x 2 citing Medical Treatment Utilization Schedule and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Physical Therapy Evaluation and Treatment of the Lumbar Spine and Bilateral Shoulders, twice (2) per week for six (6) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Pain, Suffering, and the Restoration of Function Chapter, page 114 and on the Official Disability Guidelines, Low Back Chapter, Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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.