

Case Number:	CM15-0033167		
Date Assigned:	02/26/2015	Date of Injury:	09/14/2012
Decision Date:	04/08/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/23/2015

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, Pain Management

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 76 year old female, who sustained an industrial injury on 09/14/2012. The diagnoses have included status post closed reduction of dislocated left shoulder, left hand sprain/strain, contracture of the left hand, cervical spine sprain/strain with positive MRI with herniated cervical disc with radiculopathy, left elbow sprain/strain, lumbar spine sprain/strain with positive MRI for herniated lumbar disc with radiculopathy, and stasis edema of the left wrist and forearm. Noted treatments to date have included chiropractic treatment, physical therapy, and medications. Diagnostics to date have included MRI of left shoulder on 02/12/2014 which showed osteoarthropathy of acromioclavicular joint. In a progress note dated 12/15/2014, the injured worker presented with complaints of worsening low back pain radiating down to bilateral legs, but the left shoulder and left wrist and hand pain remains the same. The treating physician reported recommending continuing physical therapy as prescribed focusing on the lumbar spine and left arm. Utilization Review determination on 02/13/2015 non-certified the request for Outpatient Physical Therapy to the Lumbar and Left Arm two (2) times a week for six (6) weeks citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, lumbar spine and left arm Qty 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.