

Case Number:	CM15-0034237		
Date Assigned:	02/27/2015	Date of Injury:	09/12/2014
Decision Date:	04/07/2015	UR Denial Date:	01/23/2015
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, Indiana, New York
Certification(s)/Specialty: Internal 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 71 year old female, who sustained an industrial injury on September 12, 2014. She has reported falling, causing immediate pain into the lumbar spine. The diagnoses have included left supraspinatus tendinitis and subacromial bursitis, left shoulder pain and strain, lumber strain, ligament and muscle strain and spasm, and quadratus lumborum strain. Treatment to date has included physical therapy and medications. Currently, the injured worker complains of continued sharp, dull, aching pain with stabbing and burning sensation into the left shoulder and lumbar spine, with radiation down the left leg and left upper extremity. The Treating Physician's report dated January 7, 2015, noted tenderness to palpation over the left shoulder, with limited range of motion (ROM), and abduction was limited by pain. The lumbar spine was noted with tenderness to palpation over the paraspinals and the quadratus lumborum, with limited range of motion (ROM) by pain. On January 23, 2015, Utilization Review non-certified physical therapy three times a week for three weeks (3x3), noting there had been 12 prior sessions of physical therapy, and it was not clear why the injured worker would not be in an active independent home program. The MTUS Guidelines web based edition was cited. On February 23, 2015, the injured worker submitted an application for IMR for review of physical therapy three times a week for three weeks (3x3).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM (chapter unspecified) and Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times a week for three weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are left supraspinatus tendinitis and subacromial bursitis; left shoulder pain and strain; lumbar strain; and quadratus lumborum strain. The documentation in the medical record indicates the injured worker had up to six visits of prior physical therapy. The utilization review documentation indicates the injured worker received 12 sessions of prior physical therapy sessions to the lumbar spine. The documentation does not contain prior physical therapy notes. There is no evidence of objective functional improvement with prior physical therapy. The injured worker performs home exercises in a home exercise program. When treatment duration and/or number of visits exceeded the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Additionally, in a January 7, 2015 progress note, the treating physician provides conflicting evidence regarding whether physical therapy was effective or not effective. Consequently, absent compelling clinical documentation with compelling facts indicating additional physical therapy is clinically indicated (according to guideline recommendations), physical therapy three times a week for three weeks is not medically necessary.