MAXIMUS Federal Services

Case Number:	CM15-0040461		
Date Assigned:	03/10/2015	Date of Injury:	03/01/2004
Decision Date:	04/21/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/03/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 67-year-old male, who sustained an industrial injury on March 1, 2004. He reported low back pain with cramping in bilateral legs aggravated by prolonged setting and activity. The injured worker was diagnosed as having lumbar stenosis, rotator cuff complete rupture/bilateral, biceps tenosynovitis/bilateral, long head of biceps proximal tendon rupture, status post bicep tenodesis, cervical radiculitis, status post cervical fusion, left shoulder pain, osteoarthritis of the bilateral shoulders, rotator cuff arthropathy, status post left reverse TSA with latissimus dorsi transfer and bicep tenodesis. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left shoulder, bilateral carpal tunnel release and cervical spine, physical therapy, trigger point injections, medications and work restrictions. Currently, the injured worker complains of neck, elbow and low back pain with cramping in bilateral legs. The injured worker reported an industrial injury in 2004, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on October 6, 2014, revealed continued pain as noted above. Evaluation on February 2, 2015, revealed continued pain. Trigger point injection was administered to the cervical spine. The recommendation was for physical therapy of the elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4, Right Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 98-99.

Decision rationale: The CA MTUS recommends physical therapy for management of chronic pain with a clear preference for active therapy over passive therapy. Physical therapy includes supervision by therapist then the patient is expected to continue active therapies at home in order to maintain improvement levels. Guidelines direct fading treatment frequency from 3 times a week to one or less with guidelines ranging depending on the indication: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2), 8-10 visits over 4 weeks, Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. In this case, the claimant has already completed previous physical therapy visits and the medical records do not contain any information that would support any additional expected benefit from additional physical therapy. The request 2 x 4 physical therapy sessions is not medically necessary.