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| Case Number: | CM15-0041320 | | |
| Date Assigned: | 03/11/2015 | Date of Injury: | 08/10/2005 |
| Decision Date: | 04/20/2015 | UR Denial Date: | 02/24/2015 |
| Priority: | Standard | Application Received: | 03/04/2015 |

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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(n) 56 year old female, who sustained an industrial injury on 8/10/05. She reported a slip and fall injury to bilateral upper extremities including neck and bilateral knees. Currently, as of 12/3/14, the injured worker complained of neck pain radiating to left arm and back pain radiating to left leg. The injured worker was diagnosed with types of pain from headaches, cervical disc herniation, left shoulder impingement syndrome, left elbow pain, left wrist pain, low back pain, right knee pain. Treatment to date has included physical therapy; MRI cervical neck (7/20/06, 8/1/11 and 6/19/14); Lumbar MRI (7/17/08), 12/11/09 and 1/30/10); status post lumbar decompression, hemilaminectomy, foraminotomy, facetectomy (12/12/08); Status post L5-S1 revision hemilaminectomy, foraminotomy, facetectomy (12/15/09); MRI right shoulder (7/15/92; MRI left shoulder (9/6/05); status post left shoulder arthroscopy, Bankart labral repair (4/27/06); status post left shoulder arthroscopy, subacromial decompression, partial acromionectomy, bursectomy, resection anterior coracoacromial ligament (1/8/08); MRI left elbow (9/20/05); MRI left wrist (10/14/05); EMG/NCV left upper extremity (3/14/06); status post left arm wrist surgery (3/14/06); status post removal of left forearm plate and screws, fasciotomy, neurolysis (8/21/08); MRI right knee (7/28/06; status post right knee EUA, arthroscopy, extensive chondroplasty medial femoral condyle and patella; synovectomy; partial medial and partial lateral menisectomies (10/11/06); MRA right knee (01/07/10); status post right knee EUA, arthroscopy, extensive chondroplasty medial femoral condyle and patella; synovectomy; lysis of adhesions (9/29/10).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the lumbar, 8 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98-99, Chronic Pain Treatment Guidelines Physical therapy, Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical records indicate the patient has received PT in the past but the results of the initial trial are not available. The medical records fail to provide an indication for her PT other than pain and there are no significant findings on physical exam. As such, the request for Physical therapy to lumbar, 8 sessions is not medically necessary.