

Case Number:	CM15-0045570		
Date Assigned:	03/17/2015	Date of Injury:	05/19/2006
Decision Date:	04/17/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/10/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 39 year old female, who sustained an industrial injury on May 19, 2006. She has reported lower back pain and left shoulder pain. Diagnoses have included chronic lower back pain, lumbar spine degenerative disc disease, lumbar spine facet joint pain, left shoulder pain, osteoarthritis of the shoulder, bursitis and tendonitis of the rotator cuff, and adhesive capsulitis of the left shoulder. Treatment to date has included medications, physical therapy, steroid injections of the shoulder, medial branch block, aqua therapy, and imaging studies. A progress note dated December 30, 2014 indicates a chief complaint of lower back pain radiating to the legs, and left shoulder pain that had improved following recent steroid injections. The treating physician documented a plan of care that included radio frequency ablation of lumbar facet joints, medial branch block, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1-2 x 6 (6-12 visits): Upheld

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

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

Decision rationale: Physical Therapy 1-2 x 6 (6-12 visits) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The documentation indicates that the patient has had extensive prior therapy. At this point she should be versed in a home exercise program. Additionally, the request as written exceeds the recommended number of visits recommended by the MTUS and does not specify a body part. The request for additional physical therapy is not medically necessary.