

Case Number:	CM15-0046915		
Date Assigned:	03/19/2015	Date of Injury:	08/26/1997
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/12/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 60-year-old female, with a reported date of injury of 08/26/1997. The diagnoses include left shoulder pain, lumbosacral degenerative disease, and cervical spine degenerative disease. Treatments to date have included a rotator cuff repair, oral medications, therapy, TENS unit, injections, an x-ray of the lumbar spine, topical pain medication, and two left shoulder surgeries. The medical report dated 01/20/2015 indicates that the injured worker continued to have neck pain, back pain, and left shoulder pain. The physical examination showed mildly restricted left shoulder range of motion, tenderness of the left shoulder, tenderness of the left biceps, normal acromioclavicular joint, spasm of the cervical paraspinal, trapezius trigger points, a normal sensory examination of the cervical spine, mildly restricted cervical range of motion, tenderness at L3, L4, and L5, lumbar trigger points, lumbar paraspinal spasm, and positive straight leg raise. The treating physician requested physical therapy for multiple body parts.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten sessions of physical therapy for multiple body parts: 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): 99.

Decision rationale: Ten session of physical therapy for multiple body parts are not medically necessary. Page 99 of Ca MTUS states " physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified (ICD-9 729.2) 8-10 visits over 4 weeks is recommended. The request should be specific to the body part. There is lack of documentation of specified treatment areas with prior physical therapy. Additionally, there is lack of documentation of a plan to allow fading of treatment frequency for each treatment area or a plan to participate in active self-directed home physical medicine to maximize his benefit with physical therapy; therefore, the requested service is not medically necessary.