MAXIMUS Federal Services

Case Number:	CM15-0047561		
Date Assigned:	03/19/2015	Date of Injury:	12/02/2010
Decision Date:	04/24/2015	UR Denial Date:	02/10/2015
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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 53 year old female, who sustained an industrial injury on December 2, 2010. The mechanism of injury is not indicated in the records available. The injured worker was diagnosed as having right shoulder pain, right shoulder tendinitis, left shoulder pain, left shoulder tendinitis, right medial epicondylitis, right cubital tunnel syndrome, and cervicobrachial syndrome with medial scapular pain. Treatment to date has included cortisone injections, medications, behavioral medicine. On December 4, 2014, she complains of chronic neck and right shoulder pain, along with elbow pain. She reports having numbness in the right small and ring fingers. The records indicate she has had previous physical therapy. A progress report dated December 28, 2014 states that the patient's last physical therapy in 2011 provided benefit including less pain and improved function. No medical notes were available for more specific documentation. The request is for 6 physical therapy visits for the cervical spine and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 6 visits for the cervical spine and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173,Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions with improved pain and function. Furthermore, the patient has current complaints including myofascial pain and stiffness, which may benefit from an individualized home exercise program. Since the patient's last physical therapy was approximately 4 years ago, a 6-visit trial seems reasonable to retrain the patient in a specific home exercise program and address any other issues, which may be present. As such, the currently requested additional physical therapy is not medically necessary.