

Case Number:	CM15-0052785		
Date Assigned:	03/26/2015	Date of Injury:	05/18/2010
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/19/2015

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: Massachusetts

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 45-year-old female, who sustained an industrial injury on 5/18/10. She has reported low back neck, shoulder and hand injury while working .The diagnoses have included lumbar sprain/strain, sciatica, neck sprain/strain, pain in shoulder joint and carpel tunnel syndrome. Treatment to date has included medications, physical therapy, aqua therapy, conservative measures, and Home Exercise Program (HEP). Surgery has included left knee arthroscopy x2. Currently, as per the physician progress note dated 2/5/15, the injured worker complains of chronic left knee back, shoulder, neck, and bilateral upper extremity pain. It was noted that the injured worker stated that she was getting pain relief with use of Fentanyl patch and she is not waking up at night. The pain was rated 7-8/10 on pain scale. It was noted by the physician that the injured worker was requesting six more physical therapy sessions for the low back before proceeding with injections. She had six therapy sessions previously with pain relief in the back by 50 percent as they combined physical therapy and aqua therapy. The current medications included Fentanyl patch, Ketamine cream, Pantopazole, Wellbutrin and Diazepam. Physical exam revealed that she was anxious and in pain. She walks with use of a walker with a shuffling gait. The lumbar range of motion was decreased and there was spasm and guarding noted. The previous therapy sessions were not noted. The physician requested treatments include Physical Therapy, Low Back, and 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Low Back, 6 sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant has a history of a work injury occurring nearly 5 years ago. Treatments have included physical therapy including pool therapy with instruction in a home exercise program. She had previously received six therapy sessions. An additional six treatment sessions is being requested. The claimant has already had therapy treatments. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude performing such a program. Therefore, the requested additional therapy was not medically necessary.