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| Case Number: | CM15-0053968 | | |
| Date Assigned: | 03/27/2015 | Date of Injury: | 11/22/2013 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 03/09/2015 |
| Priority: | Standard | Application Received: | 03/21/2015 |

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 63 year old male who sustained an industrial injury on 11/22/2013. Diagnoses include cervical spine strain, lumbar spine strain, prior right shoulder surgery, left shoulder surgery, right wrist/hand strain, left wrist strain, and right ankle/foot strain. Treatment to date has included left shoulder surgery on 03/06/2014, medications, and 12 previous physical therapy treatments. A physician progress note dated 02/24/2015 documents the injured worker has constant low back pain radiating to his right leg sometimes. The injured worker has tenderness present to lumbar spine paraspinal muscles, and painful range of motion. He has complaints of pain in his neck, lower back, right and left shoulder, right wrist and hand; left wrist and right ankle and foot. Physical therapy helped in managing the pain, increase mobility and functionality in the spine and upper extremities. Last session was on 01/22/2015. The injured worker wishes to continue with physical therapy. Treatment requested is for physical therapy 2 x week x 6 weeks (12 sessions) bilateral shoulders, lumbar spine, and right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x week x 6 weeks (12 sessions) bilateral shoulders, lumbar spine, right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines 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 sustained a work injury in November 2013. Treatments have included recent physical therapy with improvement in mobility and upper extremity function. In this case, the claimant has had recent physical therapy. Patients are expected to continue active therapies at home. Ongoing compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical 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. The additional physical therapy being requested was not medically necessary.