

Case Number:	CM15-0054049		
Date Assigned:	03/27/2015	Date of Injury:	01/07/2011
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/23/2015

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 51 year old male who sustained an industrial injury on 01/07/11. Initial complaints and diagnoses are not available. Treatments to date include physical therapy, medications, left shoulder surgery, and trigger point injections. Diagnostic studies include MRIs of the left shoulder and lumbar spine, and nerve conduction studies of the bilateral lower extremities. Current complaints include pain in the left shoulder and lower back. In a progress note dated 01/16/15 the treating provider reports the plan of care as continued medications including Anaprox, Prilosec, Neurontin, and Norco, a diagnostic transforaminal epidural steroid injection at left L5-S1, a left shoulder MR Arthrogram, referral to an orthopedic surgeon, physical therapy to the lumbar and cervical spine as well as the left shoulder, and acupuncture treatments. Trigger point injections were administered on the day of service. The requested treatment is physical therapy to the lumbar and cervical spine, as well as the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 2 times weekly for 6 weeks, Body Part - Left Shoulder, Cervical, Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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 is more than four years status post work-related injury and continues to be treated for chronic left shoulder and low back pain. Treatments have included injections, medications, acupuncture, and prior physical therapy treatments. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the claimant has had 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 was not medically necessary.