

Case Number:	CM15-0055732		
Date Assigned:	04/01/2015	Date of Injury:	01/20/2015
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/24/2015

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 46 year old female who sustained an industrial injury on 01/20/2015. Diagnoses include lumbago, and sprain/strain of the shoulder and arm. Treatment to date has included diagnostics, medications, acupuncture and work restrictions. A physician progress note dated 02/11/2015 documents the injured worker complains of pain in her lower back and is rated a 9 out of 10. She has difficulty sitting. She has pain in her right shoulder. Examination reveals tenderness in the right deltoid and trapezius. She has full range of motion. The injured worker has lumbosacral pain across the L2 to L5. Flexion and extension causes pain. The treatment plan is for x rays, and for physical therapy. Treatment requested is for physical therapy 3x3 weeks for the lumbar spine and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x3 weeks for the lumbar spine and right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Low Back -

Lumbar & Thoracic (Acute & Chronic), physical therapy (2) Shoulder (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work-related injury in January 2015 and is being treated for shoulder and low back pain. She has not had prior physical therapy. The claimant has diagnoses of shoulder and lumbosacral sprains/strains. Physical therapy for these conditions would be expected to include up to 10 visits over 8 weeks for each condition and concurrent treatment would not be expected. The number of requested visits is within guidelines recommendations and therefore is medically necessary.