

Case Number:	CM15-0056211		
Date Assigned:	04/01/2015	Date of Injury:	02/28/2012
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
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: 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 41 year old male, who sustained an industrial injury on 2/28/12. The injured worker has complaints of constant left sided neck pain, extending into the mid scapular region and trapezius. The documentation noted that several times a week, he has electrical shocks down the left arm to the hand and on the right to the triceps and elbow. He has complaints of right sided back pain and intermittent right radiating leg pain with numbness and tingling into the feet and bilateral knee pain. The diagnoses have included cervical spondylosis; chronic lumbago; right shoulder impingement syndrome and American College of Occupational and Environmental Medicine (ACOEM) joint degenerative joint disease and right greater trochanter bursitis. Treatment to date has included injections; Magnetic Resonance Imaging (MRI) scan of the cervical spine; Computed Tomography myelogram of the lumbar spine; norco and the fentanyl patch. The request was for physical therapy 2 times a week for 3 weeks. A progress report dated February 12, 2015 states that the patient underwent 10-12 sessions of physical therapy noting only very temporary relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder 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, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Previous therapy was noted to result in only very temporary relief. Furthermore, there is no statement indicating how the requested physical therapy will differ from what was already provided, and would therefore be expected to result in a different outcome. In light of the above issues, the currently requested additional physical therapy is not medically necessary.