

Case Number:	CM15-0060781		
Date Assigned:	04/06/2015	Date of Injury:	03/23/2007
Decision Date:	05/05/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/30/2015

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 58 year old male, who sustained an industrial injury on 3/23/2007. He reported injury to the neck, low back, shoulders, wrist, and feet. The injured worker was diagnosed as having cervical spine sprain/strain with left radiculitis, lumbar spine sprain/strain, bilateral shoulder sprain/strain, status post right shoulder surgery, bilateral knee sprain/strain, bilateral wrist sprain/strain and mild left border line and right carpal tunnel syndrome. Treatment to date has included home exercise program, urine drug screening, medications, hyaluronic acid injections, cortisone injections, 12 physical therapy, and 12 acupuncture sessions. The request is for physical therapy of the cervical spine, lumbar spine, both shoulders, and both wrists. On 2/13/2015, she is seen for neck pain rated 5/10, low back pain rated 6/10, bilateral shoulder pain rated 6/10, bilateral wrist pain rated 6/10, and bilateral knee pain rated 6/10. She reports acupuncture has provided mild relief of the low back pain. The treatment plan included: physical therapy, acupuncture, and magnetic resonance arthrogram of the knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times 3, 6 sessions, to cervical, lumbar spine, both shoulders, and both wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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 remote history of a work-related injury and continues to be treated for chronic neck, low back, wrist, and shoulder pain. Prior treatments have included recent physical therapy in January 2015 including a home exercise program. In this case the claimant has recently had physical therapy. Patients are expected to continue active therapies at home. 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. Therefore, the request is not medically necessary.