

Case Number:	CM15-0060917		
Date Assigned:	04/07/2015	Date of Injury:	05/14/2003
Decision Date:	05/06/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/31/2015

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:

This 70-year-old woman sustained an industrial injury on 5/14/2003. The mechanism of injury is not detailed. Evaluations include bilateral knee x-rays, lumbar spine MRI dated 2/11/2005, thoracic spine MRI dated 2/11/2005, cervical spine MRI dated 10/20/2011, left ankle MRI dated 5/30/2003, right ankle MRI, right foot MRI dated 2/19/2009, electromyogram and nerve conduction studies of the bilateral lower extremities dated 11/17/2011, electromyography and nerve conduction studies of the bilateral upper extremities dated 12/14/2011. Diagnoses include cervical strain with disc bulging, thoracic strain, lumbosacral strain, bilateral shoulder impingement, left knee surgery, right knee sprain with patellofemoral and medial degenerative joint disease, right hip sprain/bilateral sacroiliac joint dysfunction, bilateral ankle sprain, and right foot sprain. Treatment has included oral medications and surgical intervention. Physician notes on a PR-2 dated 3/5/2015 show complaints of left shoulder pain with shooting pain to the elbow and right Achilles pain. Recommendations include physical therapy for the right Achilles and 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 a week for 6 weeks for the right achilles and left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: The claimant is nearly 3 years status post work-related injury and continues to be treated for left shoulder and right ankle pain. When seen, there was bilateral sacroiliac joint dysfunction and therapy for manipulation of the joint was requested. Although manipulation is recommended as an option in the treatment of chronic pain, guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement. In this case, the number of treatment sessions requested is in excess of the guideline recommendation and therefore not medically necessary.