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| Case Number: | CM15-0085654 | | |
| Date Assigned: | 05/08/2015 | Date of Injury: | 10/14/1998 |
| Decision Date: | 06/16/2015 | UR Denial Date: | 04/06/2015 |
| Priority: | Standard | Application Received: | 05/05/2015 |

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 67 year old female who sustained an industrial injury on 10/14/1998. Current diagnoses include sprain/strain of the cervical spine, sprain/strain of the lumbar spine, acromioclavicular cartilage disorder of the left and right shoulder, subacromial subdeltoid bursitis bilaterally, bicipital tendinitis right shoulder, and left shoulder internal derangement. Previous treatments included medication management, TENS unit, physical therapy, and chiropractic. Initial complaints included injuries to the cervical and lumbar spine, and bilateral upper extremities. Report dated 03/23/2015 noted that the injured worker presented for follow up of pain. Pain level was 8-9 out of 10 on a visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included a 3 month follow up for evaluation, request for reactivation of the TEN's unit, and request for physical therapy. The physician noted that the injure worker had good success in the past with prior physical therapy with improvements in the symptomology. Disputed treatments include physical therapy for the cervical spine, lumbar spine and B shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the cervical spine, lumbar spine and B shoulders: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99.

Decision rationale: The date of injury from a fall was in 1999 resulting in a neck sprain. The request is for physical therapy to the cervical spine, lumbar spine and bilateral shoulders. CA MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain treatment levels. The guidelines recommend up to 10 treatment visits. In this case, the records submitted do not provide adequate objective findings to justify physical therapy. There is a lack of documentation regarding the efficacy of prior courses of physical therapy. The request of 12 visits exceeds the guidelines. There appear to be no barriers to transitioning the patient to home therapy. This request is deemed not medically necessary.