

Case Number:	CM15-0087712		
Date Assigned:	05/11/2015	Date of Injury:	09/21/2008
Decision Date:	06/11/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/07/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 56-year-old female who sustained an industrial injury on September 21, 2008. She reported an injury to her left shoulder, low back and right knee. Previous treatment includes medications, physical therapy, MRI of the lumbar spine, right knee arthroscopy, topical creams and lumbar epidural steroid injection. Currently the injured worker complains of continuous pain in the left shoulder with radiation of pain to the neck and left elbow. She reports continuous pain in the lower back with radiation of pain to the bilateral lower extremities and she has continuous pain in her right knee with associated episodes of swelling. On examination, the injured worker ambulates with an antalgic gait. She has tenderness to palpation over the lumbar spine and has a bilateral positive straight leg raise test. She has limited range of motion in the right knee with no evidence of effusion found. Diagnoses associated with the request include lumbar disc herniation and bilateral L5 nerve root impingement, lumbar disc protrusion with moderate stenosis, chronic pain syndrome, chronic low back pain, bilateral upper and lower extremity neuropathic pain and left shoulder tendinitis. The treatment plan includes EMG/NCV of the bilateral lower extremities, physical therapy to the lumbar spine, home exercises, Fentanyl patch, Norco, Neurontin, Flexeril and topical compounded medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy (PT) 2 times 4 weeks for 8 sessions: Upheld

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

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

Decision rationale: Additional physical therapy (PT) 2 times 4 weeks for 8 sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition. The documentation indicates that the patient as of 4/30/15 has had 13 authorized visits and attended 9 visits. The MTUS recommends up to 10 visits for this condition with a transition to an independent home exercise program. The documentation does not indicate that the patient would require an additional 8 supervised therapy sessions therefore this request is not medically necessary.