

Case Number:	CM14-0217526		
Date Assigned:	01/07/2015	Date of Injury:	07/30/2013
Decision Date:	03/18/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/29/2014

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

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 39-year-old female, who sustained an industrial injury on 7/30/2013. She has reported twisted ankle, back pain, left shoulder/arm pain, and left hip pain. The diagnoses have included lumbar spine strain, left shoulder strain, and left hip strain. Treatment to date has included unspecified number of physical therapy, acupuncture, chiropractic visits, and a therapeutic injection to left shoulder. Currently 10/9/2014, the IW complains of upper back, left upper extremity pain shoulder to forearm, and left hip pain, right knee pain, and right ankle/foot pain. Associated symptoms included with numbness/tingling of fingers of all ten fingers. Physical examination documented minimal decreased Range of Motion (ROM) and tenderness with palpation to left back and left shoulder areas. Prior physical therapy documentation was not submitted for review. On 12/3/2014 Utilization Review non-certified twelve (12) physical therapy treatment for lumbar spine, left hip, and left shoulder, noting the previous number of physical therapy visits was not documented. The MTUS Guidelines were cited. On 12/29/2014, the injured worker submitted an application for IMR for review of twelve (12) physical therapy treatment for lumbar spine, left hip, 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 - 12 Treatments (Lumbar Spine, Left Hip and Left Shoulder): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines web version, 2010, Physical Therapy Page(s): 98.

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

Decision rationale: Patient presents with low back, left shoulder/arm, left forearm, left hip, right knee, left knee, and right ankle/foot pain. The treater is requesting PHYSICAL THERAPY 12 TREATMENTS OF THE LUMBAR SPINE, LEFT HIP, AND LEFT SHOULDER. The RFA was not made available for review. The patient's date of injury is from 07/30/2013, and her current work status is TTD. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The records do not show any physical therapy reports. The 10/24/2014 report notes that the treater is requesting continuation of physical therapy, as she is getting benefit. None of the reports note how many treatments the patient has received thus far and with what results. In this case, the patient has received an unknown number of treatments of physical therapy with benefit, and the requested 12 treatments would exceed MTUS Guidelines. The patient should now be able to transition into a home exercise program to improve strength and range of motion. The request IS NOT medically necessary.