

Case Number:	CM15-0106614		
Date Assigned:	06/11/2015	Date of Injury:	02/28/2013
Decision Date:	07/13/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/02/2015

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 is a 47 year old female with a February 28, 2013 date of injury. A progress note dated April 30, 2015, documents subjective findings (chronic neck, bilateral shoulder, and lower back pain; back pain radiates into the buttock), objective findings (diffuse tenderness of the right shoulder; normal muscle tone without atrophy in all extremities; tenderness to palpation at the lumbosacral junction with associated muscle tension; decreased range of motion of the lumbar spine), and current diagnoses (cervical spine stenosis; neck pain; cervicobrachial syndrome; lumbar sprain/strain; pain in joint, shoulder). Treatments to date have included right shoulder arthroscopy, medications, corticosteroid injection to the cervical spine, and imaging studies. The treating physician documented a plan of care that included physical therapy for the low back.

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 low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), physical therapy guidelines, low back chapter.

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 sustained a work injury in February 2013 and continues to be treated for neck, low back, and right shoulder pain. When seen, he was having back pain radiating to the buttock. There was lumbar spine tenderness with decreased range of motion. There was a normal neurological examination. The claimant is being treated for chronic pain. There is no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what would be needed to reestablish or revise the claimant's home exercise program. The request is not medically necessary.