

Case Number:	CM15-0019734		
Date Assigned:	02/09/2015	Date of Injury:	01/01/2011
Decision Date:	03/25/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	02/02/2015

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: New York

Certification(s)/Specialty: Internal 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 39 year old female, who sustained an industrial injury on 1/01/2011. The diagnoses have included cervical spine sprain/strain, lumbago, lumbar degenerative disc disease, lumbar radiculopathy, and spinal canal stenosis. Treatment to date has included medications, activity modification, physical therapy, acupuncture, aquatic therapy, and epidural steroid injection. Currently, the IW complains of low back pain with radiation to the left lower extremity. Objective findings included tender paraspinals and positive starlight leg raise test. On 12/30/2014, Utilization Review non-certified a request for post-op physical therapy (2x4) lumbar spine, bilateral shoulders and bilateral wrists noting lack of submitted documentation showing that the IW has undergone or is scheduled to undergo any surgical procedure involving the bilateral shoulders or wrists. The MTUS and ODG were cited. On 2/02/2015, the injured worker submitted an application for IMR for review of post-op physical therapy (2x4) lumbar spine, bilateral shoulders and bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 2xWkx4Wks lumbar, bilateral shoulders and bilateral wrist:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99, Postsurgical Treatment Guidelines Page(s): 16; 21. Decision based on Non-MTUS Citation Official Disability Guideline, Low Back, Physical therapy (PT), ODG Shoulder, Physical Therapy Guidelines

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

Decision rationale: Per California MTUS Treatment Guidelines 2009, physical therapy is indicated for the treatment of musculoskeletal conditions. Recommendations state that for most patients with more severe acute and subacute pain conditions physical therapy is indicated as long as functional improvement and program progression are documented. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, 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 improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. In this case the claimant received physical therapy post-operatively and there is no specific documentation indicating the need for additional physical therapy sessions above a home exercise program. Medical necessity for the additional physical therapy sessions has not been established. The requested service is not medically necessary.