

Case Number:	CM15-0114305		
Date Assigned:	06/22/2015	Date of Injury:	01/09/2013
Decision Date:	07/21/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/15/2015

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 58 year old female sustained an industrial injury to the neck, back, both shoulders, both arms and both legs via cumulative trauma from 1/9/13 to 1/9/14. Previous treatment included magnetic resonance imaging, physical therapy, acupuncture, electric shock wave therapy, lumbar and medications. In an agreed medical evaluation dated 3/23/15, the physician noted that the injured worker had undergone approximately 48 sessions of physical therapy for the neck, bilateral shoulders, back and right lower extremity. Documentation did not disclose objective measurements of functional improvement following therapy. In a PR-2 dated 4/28/15, the injured worker reported having ongoing but improving pain to the cervical spine, thoracic spine and lumbar spine, rated 5/10 on the visual analog scale. The injured worker stated that acupuncture was helping. The injured worker also reported having anxiety and depression. Current diagnoses included overuse syndrome of the cervical spine, thoracic spine sprain/strain, lumbar spine sprain/strain, bilateral shoulder sprain/strain and pain related to anxiety and depression. The treatment plan included refilling medications (Anaprox, Prilosec and Methoderm cream), repeat magnetic resonance imaging bilateral shoulders and urine toxicology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Physical Therapy for Lumbar Spine, 3 times wkly for 6 wks, 18 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Therapy Guidelines.

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 cumulative trauma work-related injury with date of injury in January 2014 and continues to be treated for neck, back, bilateral shoulder, and right lower extremity pain. Treatments have included acupuncture, medications, chiropractic care, and approximately 48 physical therapy sessions. When seen, there had been improvement with acupuncture treatments. Pain was rated at 5/10. Physical examination findings were unchanged. In this case, the claimant has already had a grossly excessive number of physical therapy treatments which have either been ineffective or resulted in dependence on therapy provided treatments. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and is not appropriate or medically necessary.