MAXIMUS Federal Services

Case Number:	CM15-0118996		
Date Assigned:	06/29/2015	Date of Injury:	12/06/2005
Decision Date:	07/31/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/19/2015

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:

The injured worker is a 64-year-old female, who sustained an industrial injury on 12/06/2005. She has reported injury to the right shoulder, right knee, and low back. The diagnoses have included right shoulder pain; low back pain; pain in joint lower leg; right knee pain; and status post right total knee replacement, on 04/16/2013. Treatment to date has included medications, diagnostics, injections, physical therapy, and surgical intervention. Medications have included Norco, Dilaudid, Voltaren Gel, Lidoderm Patch, Tramadol, and Lorazepam. A progress note from the treating physician, dated 05/21/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of lower backache; increased right shoulder pain; increased right knee pain; pain is rated as 8 on a scale of 1 to 10 with medications; pain is rated as 10 on a scale of 1 to 10 without medications; quality of sleep is poor; she continues to work; she is extremely active at this time; and activity level has remained the same. Objective findings included she appears to be in mild to moderate pain; wide-based gait; Hawkins test is positive in the bilateral shoulders; and tenderness to palpation is noted over the medical joint line of the bilateral knees. The treatment plan has included the request for physical therapy x6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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 has a remote history of a work injury occurring in December 2005 and continues to be treated for right shoulder, knee, and low back pain. When seen, pain was rated at 8/10 with medications. She was having difficulty sleeping. She appeared to be in mild to moderate pain. There was a wide based gait. Shoulder impingement testing was positive. There was knee medial joint line tenderness. Strength testing was limited by pain. On relation for six sessions of physical therapy was requested. A right shoulder injection was performed. The claimant is being treated for chronic pain. 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 consistent with that recommended and what might be anticipated in terms of establishing or revising a home exercise program. The request was medically necessary.