

Case Number:	CM15-0119191		
Date Assigned:	06/29/2015	Date of Injury:	09/07/2010
Decision Date:	08/04/2015	UR Denial Date:	05/20/2015
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: California

Certification(s)/Specialty: Emergency 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 55 year old female who sustained an injury on 9/7/10. She had complaints of neck, shoulder and back pain. Treatments include medications, physical therapy, chiropractic care and epidural injections. Progress note dated 5/12/15 reports complaints of knee pain, low back pain, neck pain, left and right shoulder pain. She has constant neck pain and spasm and has occasional weakness and numbness of her right eye. Shoulder pain radiates down both arms with numbness. Low back pain is constant and radiates down both legs and feet. Both knees with pain, popping and lock up at times. Diagnoses include: cervical degenerative joint/disc disease, overuse syndrome bilateral upper extremities, lumbar spine degenerative joint/disc disease and bilateral shoulder and knee degenerative joint disease. Plan of care includes: continue program, continue medication regimen. Follow up in 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical three times four weeks (e-stim, exercise massage) for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The requested Physical three times four weeks (e-stim, exercise massage) for the cervical spine, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has constant neck pain and spasm and has occasional weakness and numbness of her right eye. Shoulder pain radiates down both arms with numbness. Low back pain is constant and radiates down both legs and feet. Both knees have pain, popping and lock up at times. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical three times four weeks (e-stim, exercise massage) for the cervical spine is not medically necessary.

Physical three times four weeks (e-stim, exercise massage) for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested Physical three times four weeks (e-stim, exercise massage) for the lumbar spine, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has constant neck pain and spasm and has occasional weakness and numbness of her right eye. Shoulder pain radiates down both arms with numbness. Low back pain is constant and radiates down both legs and feet. Both knees have pain, popping and lock up at times. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical three times four weeks (e-stim, exercise massage) for the lumbar spine is not medically necessary.

Physical three times four weeks (e-stim, exercise massage) for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested Physical three times four weeks (e-stim, exercise massage) for the right shoulder, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has constant neck pain and spasm and has occasional weakness and numbness of her right eye. Shoulder pain radiates down both arms with numbness. Low back pain is constant and radiates down both legs and feet. Both knees have pain, popping and lock up at times. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical three times four weeks (e-stim, exercise massage) for the right shoulder is not medically necessary.