

Case Number:	CM15-0120064		
Date Assigned:	06/30/2015	Date of Injury:	10/20/2014
Decision Date:	08/31/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/22/2015

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 injured worker is a 52 year old female who reported an industrial injury on 10-20-2014. Her diagnoses, and or impression, were noted to include: right shoulder rotator cuff, long head bicep tears; cervical sprain-strain, rule-out radiculitis-radiculopathy, secondary to herniated cervical disc; right wrist strain-sprain, rule-out internal derangement; right hand strain-sprain, rule-out tendinitis, carpal tunnel syndrome; and right breast contusion. Recent x-rays of the bilateral shoulders and cervical, lumbar and thoracic spine were done on 1-9-2015; no current imaging studies were noted. Her treatments were noted to include: consultations; and modified work duties. The initial orthopedic progress notes of 1-9-2015 noted reports of constant, moderate right breast pain aggravated by activity; constant moderate bilateral shoulder pain with stiffness that was aggravated by activities; moderate bilateral elbow pain with numbness and tingling which increased with activity; mild, bilateral arm pain which increased with activity; and constant, severe low-mid-upper back pain, with stiffness, which increased with activity and interrupted her sleep. Objective findings were noted to include: moderate distress; and decreased equivocal, bilateral lordosis with pain in the lumbosacral dermatomes; tightness and spasms in the bilateral para-spinal musculature; hypoesthesia in the bilateral foot and ankle; sacroiliac tenderness; and decreased sensation in the bilateral lumbosacral spine. The physician's requests for treatments were noted to include physiotherapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy lumbar for 12-18 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy (PT).

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 October 2014 and continues to be treated for neck and low back pain and bilateral shoulder and right hand pain. When seen, there was decreased spinal range of motion. There was muscle tightness and spasms. There was thoracic spine paraspinal muscle tenderness. There was decreased shoulder range of motion with positive impingement testing and shoulder tenderness. Recommendations included authorization for right shoulder arthroscopic surgery. Medications were refilled. Physical therapy was requested. The claimant is being treated for chronic pain with 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 well in excess of that recommended or what might be needed to determine whether continuation of physical therapy was likely to be effective. The request is not medically necessary.