

Case Number:	CM15-0122180		
Date Assigned:	07/06/2015	Date of Injury:	11/20/2013
Decision Date:	07/31/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/24/2015

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 33 year old female with an industrial injury dated 11/20/2013. The injured worker's diagnoses include cervical muscle spasms, cervical pain, cervical radiculopathy, cervical sprain/strain, lumbalgia, lumbar disc protrusion, lumbar muscle spasms, lumbar radiculitis, lumbar sprain/strain, right shoulder muscle spasms, right shoulder pain, left shoulder bursitis, left shoulder sprain/strain, anxiety and depression. Treatment consisted of Magnetic Resonance Imaging (MRI) of left shoulder/ cervical spine/lumbar spine, prescribed medications, 14 physical therapy sessions and periodic follow up visits. In a progress note dated 05/27/2015, the injured worker reported occasional neck pain, low back pain with radiation to right gluteal and right lower extremity, bilateral shoulder pain and difficulties sleeping. Lumbar spine exam revealed painful range of motion, tenderness to palpitation of the L3-L5 spinous processes and right gluteus, positive right straight leg raises and positive Patrick's Fabere test. The treating physician prescribed services for additional physical therapy 3x3 for the lumbar spine now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional PT 3x3 Lumbar Spine: Upheld

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

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 November 2013 and continues to be treated for bilateral shoulder, neck, and radiating low back pain. Treatments have included recent physical therapy, acupuncture, and medications. When seen, she was having ongoing symptoms. There was decreased and painful cervical and lumbar spine range of motion with tenderness. Straight leg raising was painful. Patrick testing on the right was positive. There was decreased and painful shoulder range of motion with tenderness and muscle spasms. Shoulder Apprehension testing and Supraspinatus testing were positive. There was pain with grip strength testing. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies. Compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of what might be needed to reestablish or revise a home exercise program and does not reflect a fading of treatment frequency. The request is not medically necessary.