

Case Number:	CM15-0128230		
Date Assigned:	07/15/2015	Date of Injury:	06/02/2011
Decision Date:	08/18/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/03/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39 year old female, who sustained an industrial injury on June 2, 2011. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having residuals of mild ligamentous strain of the lumbar spine, low back pain with low back sprain/strain and right shoulder impingement. Treatment to date has included diagnostic studies, right knee injections and knee surgery. On May 11, 2015, the injured worker complained of right shoulder pain and low back pain. She reported that her right knee pain had improved. Notes stated that the injured worker had increased pain the right shoulder and low back with work activities. The symptoms were noted to be decreased with rest. The treatment plan included six weeks of physical therapy for her lumbar spine, six weeks of therapy for her right shoulder and two injections of cortisone into the subacromial space of the right shoulder. On June 22, 2015, Utilization Review non-certified the request for physical therapy for the low back and right shoulder two to three times a week for six weeks, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Low Back and Right Shoulder, two (2) to three (3) times per week for six (6) weeks: Upheld

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

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

Decision rationale: The patient presents with pain affecting the low back and right shoulder. The current request is for Physical Therapy for the low back and right shoulder, 2 to 3 times per week for 6 weeks. The treating physician states in the report dated 5/11/15, "At this time, I request six weeks of physical therapy for her lumbar spine and six weeks of physical therapy for her right shoulder." (3B) The MTUS guidelines state, "They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process" and MTUS only allows 8-10 sessions of physical therapy. In this case, the treating physician has requested 12-18 physical therapy sessions which exceeds the recommended guidelines. It is also documented that the patient has had physical therapy in the past, but it does not state how long ago, how many sessions the patient completed, and if the patient had any functional improvement. The current request is not medically necessary.