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| Case Number: | CM15-0129869 | | |
| Date Assigned: | 07/22/2015 | Date of Injury: | 01/21/2014 |
| Decision Date: | 08/24/2015 | UR Denial Date: | 06/15/2015 |
| Priority: | Standard | Application Received: | 07/06/2015 |

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: 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 52 year old female, who sustained an industrial injury on 1/21/14. The injured worker has complaints of back and shoulder pain. The documentation noted that right hip, knee and ankle pain is a lot better. The documentation noted that the injured worker. The documentation on 3/13/15 noted that the pain radiates across her chest. The documentation noted that the injured worker reports loss of lordosis along with pain at C5, C6, C7, left trapezius and left levator scapula. The injured worker reports pain at biceps and anterior rotator cuff and pain at L3-S1 (sacroiliac), bilateral posterior superior iliac spine and bilateral paravertebral muscle. The diagnoses have included internal derangement, left shoulder; internal derangement, right ankle and right knee and strain, lumbar spine. Treatment to date has included transcutaneous electrical nerve stimulation unit; norco and physical therapy. The request was for physical therapy for right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for right lower extremity: 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(s): 98-99. Decision based on Non-MTUS Citation ODG, Ankle Chapter, Physical Medicine.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, a request for an indefinite duration of PT is not supported and, unfortunately, there is no provision to modify the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.