

Case Number:	CM15-0169906		
Date Assigned:	09/10/2015	Date of Injury:	09/28/2011
Decision Date:	11/10/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/28/2015

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 57 year old male, who sustained an industrial injury on 9-28-2011, resulting in pain or injury to the neck, left shoulder, right wrist, lumbar spine, right hip, and right foot. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine, left shoulder, right wrist, lumbar spine, and right ankle-foot musculoligamentous injuries. On 7-7-2015, the injured worker reported constant sharp dull pain in the cervical spine and constant sharp pain in the lumbar spine, left shoulder, and right hip associated with radiation of pain and weakness, with stress and increase of memory loss. The Primary Treating Physician's report dated the injured worker was pending inguinal surgery. The physical examination was noted to show tenderness and spasm noted upon palpation of the cervical spine, lumbar spine, and left shoulder with limited range of motion (ROM). Tenderness and spasm upon palpation was noted in the right wrist and right foot. Prior treatments have included left shoulder surgery in 2014, inguinal herniorrhaphies in 1992 and 2013, right foot surgery in 2011, and medications including Aspirin, Amlodipine Besylate, Warfarin Sodium, Metoprolol, Zolpidem, Loratadine, Naproxen, Gabapentin, Norco, Pantoprazole, Cyclobenzaprine, and Gabapentin cream. The treatment plan was noted to include medications including Tramadol, Naproxen, and Pantoprazole Sodium, with requests for authorization for a neurological examination and physical therapy for two times a week for four weeks. The injured worker's work status was noted to be temporary total disability. The documentation provided did not include any documentation of previous physical therapy treatment. The request for authorization dated 7-7-2015, requested physical therapy 2x4 right ankle, left shoulder, right

wrist, cervical and lumbar spine. The Utilization Review (UR) dated 7-28-2015, modified the request to approve certification for 2x3 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2x4 Right Ankle, Left Shoulder, Right Wrist, Cervical and Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 September 2011 and is being treated for chronic pain after falling backwards when stepping out of his truck. When seen, he was having constant neck and low back pain and constant left shoulder and right hip pain. He had increased stress and was having memory loss. There was pending hernia surgery. Physical examination findings included tenderness with spasms with limited range of motion. 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 in excess of that recommended or what might be needed to determine whether continuation of physical therapy was needed or likely to be effective. The request is not considered medically necessary.