

Case Number:	CM15-0028806		
Date Assigned:	02/20/2015	Date of Injury:	05/12/2011
Decision Date:	04/01/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/16/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 5/12/2011. He reports a slip and fall onto the left side. Diagnoses include cervical spine degenerative joint disease, right sacro-iliac joint dysfunction and post laminectomy syndrome. Treatments include shoulder surgery, lumbar epidural steroid injections, physical therapy and medication management. A progress note from the treating provider dated 1/15/2015 indicates the injured worker reported pain in the low back, right hip and left shoulder. On 1/29/2015, Utilization Review non-certified the request for 8 visits of physical therapy, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 8 visits: Overturned

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

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

Decision rationale: The injured worker sustained a work related injury on 5/12/2011. The medical records provided indicate the diagnosis of cervical spine degenerative joint disease, right sacro-iliac joint dysfunction and post laminectomy syndrome. Treatments include shoulder surgery, lumbar epidural steroid injections, physical therapy and medication management. The medical records provided for review do indicate a medical necessity for Physical Therapy 8 visits. The records do not indicate the injured worker has had physical therapy for at list one year, but the injured worker has ongoing pain associated with limited range of motion of the spine. The injured worker had a past treatment that included the [REDACTED] program, the injured worker is back to work. The fact that the injured worker has been working is an indication of functional improvement. The MTUS recommends the use of physical therapy in the treatment of certain chronic pain conditions due to evidence of good outcome. The MTUS recommends a fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine for Myalgia and myositis, unspecified 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. The requested treatment is within the limit specified by the MTUS and the injured worker is actively working, but has limited range of motion together with ongoing pain. Therefore, the requested treatment is medically necessary.