

Case Number:	CM15-0069474		
Date Assigned:	04/17/2015	Date of Injury:	02/18/2014
Decision Date:	05/18/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/13/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 55 year old female, who sustained an industrial injury on 02/18/2014. She reported injuries to her shoulders, arms, hands, elbows, neck, legs, and hips. The injured worker is currently diagnosed as having cervical spine sprain/strain, right shoulder impingement syndrome, left shoulder impingement syndrome, right medial/lateral epicondylitis, left medial/lateral epicondylitis, right carpal tunnel syndrome, left carpal tunnel syndrome, lumbar spine sprain/strain, right knee sprain/strain, left knee sprain/strain, right peroneal tendinitis, left peroneal tendinitis, psyche complaints, and sleep disturbance. Treatment and diagnostics to date has included physical therapy, home exercise program, and medications. In a progress note dated 11/06/2014, the injured worker presented with complaints of pain in the neck, shoulders, elbows, arms, wrists, fingers, back, hips, legs, feet, and ankles. The treating physician reported requesting authorization for physical therapy for the cervical spine and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy treatments for the lumbar spine: 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 Official Disability Guidelines (ODG) Low Back Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 sessions physical therapy to the lumbar spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical spine strain/sprain; bilateral shoulder impingement syndrome; bilateral medial and lateral epicondylitis; bilateral carpal tunnel syndrome; lumbar spine sprain/strain; bilateral knee sprain/strain; psychiatric complaints; and sleep disturbance. There was a request for authorization dated November 6, 2014 for physical therapy two times per week times six weeks for the lumbosacral spine and cervical spine. The most recent progress note in the medical record is dated December 18, 2014. The request for authorization (of the present request) is dated March 11, 2015. There are no contemporaneous progress notes on or about March 11, 2015. The most recent progress note in the medical record, as noted above, is December 18, 2014. There are no subjective or objective findings to base the physical therapy request. There are no progress notes from prior physical therapy or evidence of objective functional improvement. Consequently, absent compelling clinical documentation with objective functional improvement and compelling facts indicating additional physical therapy is warranted, 12 sessions physical therapy to the lumbar spine is not medically necessary.