

Case Number:	CM15-0071656		
Date Assigned:	04/21/2015	Date of Injury:	04/21/2014
Decision Date:	06/16/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/14/2015

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 53 year old female, who sustained an industrial injury on 4/21/2014. She reported tripping and falling, injuring her bilateral wrists, bilateral knees, right shoulder and neck. Diagnoses have included cervical myofascial pain, lumbar myofascial pain, right shoulder subacromial bursitis and impingement, right and left wrist sprain/strain and right and left knee chondromalacia patella. Treatment to date has included physical therapy, transcutaneous electrical nerve stimulation (TENS) and medication. According to the progress report dated 2/18/2015, the injured worker complained of cervical pain with right greater than left upper extremity symptoms rated 6/10. She complained of right shoulder pain rated 6/10, right wrist/hand pain rated 5/10, right knee pain rated 6/10, left knee pain rated 3/10 and low back pain with right lower extremity symptoms rated 6/10. Physical exam revealed tenderness to the cervical and lumbar spine. There was diffuse tenderness to the right shoulder and tenderness over the left and right wrists. Authorization was requested for physical therapy for the right shoulder and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy: Cervical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Physical Therapy.

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 is more than one year status post work-related injury and continues to be treated for right shoulder, left knee, and neck and low back pain with upper and lower extremity symptoms. Prior treatments had included physical therapy. When seen, the treating provider references medications as enabling the claimant to perform a recommended exercise program. Additional physical therapy consisting of 12 sessions was requested. 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 claimant has already had physical therapy and is able to follow a prescribed exercise program. Patients are expected to continue active therapies at home. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The additional physical therapy was not medically necessary.

Physical therapy for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 is more than one year status post work-related injury and continues to be treated for right shoulder, left knee, and neck and low back pain with upper and lower extremity symptoms. Prior treatments had included physical therapy. When seen, the treating provider references medications as enabling the claimant to perform a recommended exercise program. Additional physical therapy consisting of 12 sessions was requested. 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 claimant has already had physical therapy and is able to follow a prescribed exercise program. Patients are expected to continue active therapies at home. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The additional physical therapy was not medically necessary.