

Case Number:	CM15-0073861		
Date Assigned:	04/23/2015	Date of Injury:	01/23/2009
Decision Date:	05/21/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/17/2015

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 56-year-old female who sustained an industrial injury on 1/23/09. She has reported initial complaints of neck, low back and right shoulder injury after a fall. The diagnoses have included cervical strain, lumbar strain, right shoulder impingement, right lateral epicondylitis, and status post right shoulder arthroscopy. Treatment to date has included medications, activity modifications, surgery and physical therapy. Currently, as per the physician progress note dated 3/2/15, the injured worker complains of ongoing lumbosacral pain, pain with range of motion, decrease range of motion, decrease activities of daily living (ADL) and no response to rest and medications. The objective findings revealed that the lumbosacral spine had positive pain with range of motion, positive trigger points, positive straight leg raise on the left, and positive right shoulder impingement with decreased range of motion. The physician treatment was for Magnetic Resonance Imaging (MRI) of the lumbar spine. The previous physical therapy sessions were not noted. The physician requested treatment included additional Physical therapy 2 times a week for 6 weeks to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical therapy 2x6 to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 474.

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-related injury in January 2009 and continues to be treated for chronic low back and shoulder pain. When seen, there is decreased and painful range of motion with trigger points. There had been 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 and therefore not medically necessary.