

Case Number:	CM15-0075025		
Date Assigned:	04/24/2015	Date of Injury:	08/22/2011
Decision Date:	05/28/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/20/2015

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

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 54 year old female, who sustained an industrial injury on 8/22/2011. She reported a trip and fall. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis, unspecified, brachial neuritis or radiculitis, not otherwise specified, lumbago, cervicalgia, and shoulder pain. Treatment to date has included diagnostics, physical therapy, and home exercises. Currently, the injured worker complains of neck pain, with associated arm pain, and low back pain, with associated leg pain. Her symptoms were unchanged. She recently saw pain management and was recommended acupuncture and restart of physical therapy. She wished to delay the recommended cervical epidural injection. Medications included Naproxen and Protonix. The treatment plan included physical therapy (x12) for the lumbar and cervical spines and left shoulder. Her work status was modified duty. Physical therapy progress notes were reported 12/15/2014 to 2/11/2015 (12 visits).

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy sessions, lumbar spine, cervical spine and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. The patient has undergone PT in the past totaling at least 12 previous PT sessions. There is no comprehensive summary of what functional benefit the worker gained from PT. Therefore additional physical therapy is not medically necessary.