

Case Number:	CM15-0076656		
Date Assigned:	04/28/2015	Date of Injury:	06/17/2007
Decision Date:	05/28/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/22/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 57 year old female injured worker suffered an industrial injury on 06/17/2007. The diagnoses included shoulder pain, lumbar radiculopathy and cervical pain. The diagnostics included lumbar magnetic resonance imaging, lumbar x-ray, and right shoulder magnetic resonance imaging. The injured worker had been treated with physical therapy and medications. On 4/13/2015 the treating provider reported neck and lower back pain rated 7/10 with medications and 9/10 without medications. The quality of sleep is poor. The pain from the recent shoulder surgery is increasing the neck pain and back pain. The right shoulder is tender and hyperesthesia over the cervical distribution on the right side. The injured worker reported therapy improved range of motion. The treatment plan included additional physical therapy for the cervical spine and Physical Therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional sessions of physical therapy for the cervical spine: Upheld

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): 132-133.

Decision rationale: In accordance with MTUS guidelines, the physical medicine recommendations state, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Guidelines also state, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." This patient has previously had physical therapy, but how many prior sessions she has had is not specified. Now, her physician is requesting an additional 6 sessions. Without additional information to know how many sessions she has already completed and if there was functional benefit from those sessions, it is not possible to determine the medical necessity of additional sessions. Likewise, this request without additional information is considered not medically necessary.

6 additional sessions of Physical Therapy for the lumbar spine: Upheld

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): 132-133.

Decision rationale: In accordance with California MTUS guidelines 8-10 visits over 4 weeks are recommended in the treatment of neuralgia, neuritis, and radiculitis. For myalgia and myositis 9-10 visits over 8 weeks is recommended. Regarding this patient's case, it is not clear if she has had prior physical therapy of the lumbar spine, and if so, how many sessions and what functional improvements occurred. Also, aside from subjective complaints of low back pain there is poor documentation of objective findings that would support the need for this request. Likewise, this request based off of the documentation that has been provided is considered not medically necessary.