

Case Number:	CM15-0090262		
Date Assigned:	05/14/2015	Date of Injury:	10/10/2014
Decision Date:	06/22/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	05/11/2015

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 49-year-old, male who sustained a work related injury on 10/10/14. He was under a truck in an awkward position tightening a big bolt when he felt a sharp, severe pain in his back, neck, both shoulders and both wrists. The diagnoses have included thoracic strain/sprain, thoracic myofasciitis, lumbosacral strain/sprain, bilateral sacroiliac joint sprain, lumbar disc protrusion, bilateral shoulder strain/sprain, bilateral shoulder osteoarthritis and tendonitis, right shoulder impingement, bilateral wrist strain/sprain and rule out bilateral carpal tunnel syndrome. Treatments have included physical therapy and medications. In the PR-2 dated 3/30/15, the injured worker complains of constant, moderate upper/mid back pain. He rates this pain level at 6/10. He complains of constant, moderate, achy low back pain. He rates this pain level at 5/10. He complains of constant, moderate, achy left shoulder pain. He rates this pain level at 5/10. He complains of intermittent, moderate, stabbing right shoulder pain with stiffness and numbness. He rates this pain level at 4/10. He complains of intermittent, moderate, stabbing left wrist pain with numbness. He rates this pain level at 3/10. He also complains of intermittent, mild, stabbing right wrist pain with numbness. He rates this pain level at 2/10. He has decreased range of motion in thoracic and lumbar spine. He has tenderness to palpation of thoracic and lumbar paravertebral musculature. He has muscle spasms in these muscle groups. He has decreased range of motion due to pain in both shoulders. He has tenderness to palpation of both shoulders and trapezius muscles. He has painful range of motion in both wrists. He has tenderness to palpation of both wrists. Tinel's causes tingling in both wrists. The treatment plan is a request to continue physical therapy 3 x week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy thoracic/lumbar x 18: 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): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested additional physical therapy is not medically necessary.