

Case Number:	CM15-0090927		
Date Assigned:	05/15/2015	Date of Injury:	08/26/1997
Decision Date:	06/18/2015	UR Denial Date:	04/20/2015
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: North Carolina, Georgia
 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 injured worker is a 60 year old female, who sustained an industrial injury on 08/26/1997. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having status post left shoulder surgery times two, left shoulder pain, lumbar spine degenerative joint disease, lumbar spine degenerative disc disease, cervical spine degenerative joint disease, and cervical spine degenerative disc disease. Treatment and diagnostic studies to date has included medication regimen, injections, at least 2 sessions of physical therapy, x-rays of the lumbar spine, and use of a transcutaneous electrical nerve stimulation unit. The documentation provided did not indicate if the injured worker experienced any functional improvement with prior physical therapy. In a progress note dated 03/03/2015 the treating physician reports an increase in pain to the neck, back, and left shoulder. The examination noted mild restriction of rotation and abduction to the left shoulder, tenderness to the cervical spine, paraspinal spasms of the cervical spine, left occipital tenderness, restricted range of motion to the cervical spine, tenderness to the lumbar spine, paraspinal spasms of the lumbar spine, decreased range of motion to the cervical spine, a positive straight leg raise, and decreased sensation to the right. The treating physician requested physical therapy three times four weeks to the shoulder, cervical spine, and back noting that the injured worker has continued moderate pain with intermittent acute flare ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 weeks (shoulder, cervical, back): 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 Section 2 Page(s): 98-99.

Decision rationale: The CA MTUS recommends physical therapy for management of chronic pain with a clear preference for active therapy over passive therapy. Physical therapy includes supervision by therapist then the patient is expected to continue active therapies at home in order to maintain improvement levels. Guidelines direct fading treatment frequency from 3 times a week to one or less with guidelines ranging depending on the indication: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks, Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. In this case, the claimant has already completed 24 physical therapy visits and the medical records do not contain any information that would support any additional expected benefit from additional physical therapy. Additional physical therapy sessions is not medically necessary.