

Case Number:	CM15-0091672		
Date Assigned:	05/18/2015	Date of Injury:	01/15/1997
Decision Date:	10/13/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/12/2015

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 57 year old female who sustained an industrial injury on 1-15-97. Progress report dated 3-31-15 reports flare up of cervical shoulder girdle and upper extremity pain beginning in December. She participates in home exercise program as tolerated. Upon exam, she has limited cervical mobility. Diagnoses include: flare up of myofascitis right cervical shoulder girdle, right greater than left upper extremity radiculitis and thoracic lumbar myofascitis. Plan of care includes: request physical therapy for flare up. The injured worker is intolerant of medications. Work status: return to work and continue with limitations of 4 days per week 8.5 hour shifts.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 3 weeks to the neck, bilateral shoulder girdle, thoracic:
Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 has a remote history of a work injury occurring in January 1997 and is being treated for neck and shoulder pain. When seen, she was having a flare-up of symptoms beginning three months before. She was performing a home exercise program as tolerated. Physical examination findings included limited cervical mobility with multiple trigger points. The assessment references the claimant has been tolerant of medications. Physical therapy was previously provided more than one year before. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. The claimant is being treated for chronic pain. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. The claimant has not had recent physical therapy treatments and had a flare of symptoms for more than three months despite performing a home exercise program. In this case, the number of visits requested is consistent with that recommended and what might be anticipated in terms of revising her home exercise program. The request was medically necessary.