

Case Number:	CM15-0092357		
Date Assigned:	05/18/2015	Date of Injury:	11/13/2012
Decision Date:	06/18/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/13/2015

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: Arizona, California
 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:

This 48-year-old male sustained an industrial injury to the low back, bilateral shoulders and feet on 11/13/12. Previous treatment included magnetic resonance imaging, physical therapy, chiropractic therapy, epidural steroid injections and medications. In a PR-2 dated 4/2/15, the injured worker complained of pain to the low back, bilateral shoulders and feet, rated 3-/10 on the visual analog scale. The injured worker reported that his low back pain and remained the same since his last office visit and that his bilateral shoulder and foot pain had decreased. The injured worker reported that physical therapy helped to decrease his pain and tenderness and improved his function and activities of daily living. No objective evidence of functional improvement was documented. As of 2/23/15, the injured worker had completed 9 sessions of physical therapy. Physical exam was remarkable for lumbar spine with tenderness to palpation over the paraspinal with muscle spasms, trigger points, restricted range of motion and positive bilateral straight leg raise, bilateral shoulders with tenderness to palpation and positive impingement and supraspinatus tests and bilateral feet with tenderness to palpation. Current diagnoses included lumbar spine sprain/strain, lumbosacral discogenic disease, bilateral shoulder sprain/strain, bilateral shoulder tendinitis, bilateral foot sprain/strain versus lumbar spine radiculitis, bilateral foot plantar fasciitis and sexual dysfunction. The treatment plan included continuing physical therapy for the lumbar spine and bilateral shoulders twice a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 for lumbar and bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS): 24 visits over 16 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. Consequently, additional therapy sessions are not medically necessary. In this case, the claimant had already completed 9 sessions of therapy with improvement but there was no indication of inability to complete therapy at home. The amount of additional sessions exceeds the guidelines limits. The request for additional therapy is not medically necessary.