

Case Number:	CM17-0002857		
Date Assigned:	01/09/2017	Date of Injury:	12/16/2016
Decision Date:	02/01/2017	UR Denial Date:	12/22/2016
Priority:	Standard	Application Received:	01/04/2017

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: New York

Certification(s)/Specialty: Internal Medicine

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 62 year old male who sustained an industrial injury on December 16, 2016. The patient is being treated for right shoulder pain and injury status post-surgery February 2016, myocardial infarct June 20216, left shoulder injury. Subjective complaint reported September 20, 2016 noted bilateral shoulders experiencing persistent pain, low back with radiating pain to legs. He also described having difficulty obtaining medications for two months now interrupting any benefit from medication regimen. Objective documentation reported the patient having completed 6 of 6 visits physical therapy treating left shoulder. Medication regimen listed Gabapentin and Tramadol. Treatment rendered included diagnostic testing, activity modification, medication, consultation, rehabilitation physical therapy #4 July, #7 August, and September #3, October #4 2016, temporary total disability, home exercise program and follow up. On December 15, 2016 a request was received for x6 session's physical therapy 2x3 to cervical and lumbar spine that were noncertified by Utilization Review on December 22, 2016.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 6 sessions 2 times a week for 3 weeks to the lumbar and cervical spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment.

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, Physical Therapy is recommended. The Guidelines recommend 9-10 visits over 8 weeks of physical therapy for myalgia and myositis, 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis, and 24 visits over 16 weeks for reflex sympathetic dystrophy (CRPS: chronic regional pain syndrome). After review of the medical records, there is no documentation that would support the need for physical therapy. There is no information in the physical examination indicating that the injured worker has significant functional deficits. There is a notation that the injured worker had been approved for physical therapy sessions, but no information as to how many visits have been used. In addition, there are no physical therapy notes submitted for review. The records are not clear what functional benefits this injured worker had from prior physical therapy visits. Also there is no mention of any significant change of symptoms or clinical findings, or acute flare up to support PT. The requested number of visits exceeds the recommendations. Therefore, based on the Guidelines and the submitted records, the request for physical therapy 6 sessions 2 times a week for 3 weeks to the lumbar and cervical spine is not medically necessary.