

Case Number:	CM13-0054261		
Date Assigned:	12/30/2013	Date of Injury:	08/15/2011
Decision Date:	11/19/2015	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/07/2013

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 55 year old female with an industrial injury date of 08-15-2011. Medical record review indicates he is being treated for cervical musculoligamentous strain-sprain with radiculitis, rule out cervical spine discogenic disease, thoracic musculoligamentous strain-sprain, lumbosacral musculoligamentous strain-sprain with radiculitis, rule out lumbosacral spine discogenic disease and bilateral shoulder impingement syndrome. Subjective complaints (10-17-2013) included neck pain, back pain, bilateral shoulder pain, abdominal pain and sleeping problems. Medications included Naproxen, Omeprazole, Tramadol, Temazepam and Tizanidine. Prior treatment included physical therapy. Review of medical records does not indicate the number of physical therapy visits. Objective findings (10-17-2013) included abdomen was tender to palpation. Cervical spine was tender to palpation with spasm and decreased range of motion. Lumbar spine was tender to palpation with decreased range of motion. Range of motion of left shoulder was decreased with positive impingement test. On 10-29-2013, the request for physical therapy for the thoracic spine 2 times per week for 6 weeks was modified by utilization review to 6 physical therapy visits for thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the thoracic spine 2 times per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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 sustained a work injury in August 2011 when she had abdominal, neck, low back, and bilateral shoulder pain when she stabilized a large rack filled with plates that was sliding away from her. In August 2012, treatments had included physical therapy which had been of little help. She was seen by the requesting provider for an initial evaluation. She had ongoing pain and was having difficulty sleeping. There was tenderness with spasms and decreased range of motion. There was positive straight leg raising. Shoulder impingement testing was positive. There was decreased upper extremity and lower extremity strength and sensation. Authorization for 12 physical therapy treatments was requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was likely to be any more effective than previously. The request is not considered medically necessary.