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| Case Number: | CM13-0015379 | | |
| Date Assigned: | 10/07/2013 | Date of Injury: | 02/01/2009 |
| Decision Date: | 05/12/2014 | UR Denial Date: | 08/14/2013 |
| Priority: | Standard | Application Received: | 08/22/2013 |

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53-year-old male who reported an injury on 02/01/2009. The mechanism of injury was not provided. The current diagnoses include foreign body granuloma, shoulder acromioclavicular joint arthritis, knee arthralgia, and cervical spine degenerative disc disease, lumbosacral disc degeneration, and shoulder impingement/bursitis, ganglion of tendon sheath, meniscus tear, cervical myofascial sprain, and lumbar myofascial sprain. The injured worker was evaluated on 08/28/2013. The injured worker reported ongoing shoulder pain with stiffness in the lower back as well as insomnia. Prior conservative treatment was not mentioned. Physical examination revealed an antalgic gait, tenderness to palpation of the lumbar spine, limited lumbar range of motion, 5/5 motor strength in bilateral lower extremities, positive straight leg raising, and diminished sensation in the L5 distribution on the left. Treatment recommendations included authorization for physical therapy to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 TIMES PER WEEK FOR 6 WEEKS, IN TREATMENT OF THE LUMBAR SPINE: 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 Page(s): 98-99.

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment for myalgia and myositis includes 9 to 10 visits over 8 weeks. Treatment for neuralgia, neuritis, and radiculitis includes 8 to 10 visits over 4 weeks. The current request for 18 sessions of physical therapy for the lumbar spine exceeds Guideline recommendations. Therefore, the request is not medically appropriate. As such, the request for physical therapy 3 times per week for 6 weeks, in treatment of the lumbar spine is non-certified.