

Case Number:	CM13-0053025		
Date Assigned:	12/30/2013	Date of Injury:	08/25/2011
Decision Date:	06/27/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/18/2013

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 56 year old with an injury date on 8/25/11. Based on the 9/3/13 progress report provided by [REDACTED] the diagnoses are: 1. Status post left distal clavicle resection, with residual pain.2. Cervical stenosis.3. Chronic thoracic myofascial pain.4. Chronic lumbar myofascial pain, with lumbar disc protrusion at L5-S1. Exam of L-spine on 10/23/13 showed "tenderness to palpation of lower paravertebrals. L-spine range of motion mildly restricted, especially extension at 10 degrees. In left shoulder, mostly normal range of motion, passive forward flexion is 170 with positive impingement sign. Pain when testing supraspinatus tendon against resistance." [REDACTED] is requesting outpatient physical therapy for the lumbar spine and left shoulder, twice per week for four weeks. The utilization review determination being challenged is dated 11/4/13 [REDACTED] is the requesting provider, and he provided treatment reports from 6/21/13 to 11/5/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PHYSICAL THERAPY FOR THE LUMBAR SPINE AND LEFT SHOULDER, TWICE PER WEEK FOR FOUR WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Chapter Shoulder, Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: This patient presents with left shoulder pain and low back pain and is s/p left distal clavicle resection of unspecified date. The treating physician has asked outpatient physical therapy for the lumbar spine and left shoulder, twice per week for four weeks on 9/3/13. Patient reinjured left shoulder and back on 5/16/13, and treater requested physical therapy for pain exacerbation on 6/21/13. Patient is ambulating with cane as of 7/2/13. Patient had 5 sessions of physical therapy from 8/16/13 to 9/3/13 with significant improvement in pain per 9/3/13 report. On 10/23/13, patient is handling exacerbations well with Flector patches. No history of surgeries is mentioned. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, patient has already had 5 sessions of physical therapy for reinjury to left shoulder and L-spine, appears to no longer use a cane, has normal range of motion in L-spine and left shoulder, and is able to manage pain with medications. The treater does not explain why the patient require additional formalized therapy and why the patient is not able to do the necessary home exercises. The patient recently had 5 sessions of therapy and seems to be doing fairly well. Requested 8 sessions of physical therapy exceeds MTUS guidelines for this type of condition. Therefore, the request is not medically necessary.