

Case Number:	CM13-0057808		
Date Assigned:	12/30/2013	Date of Injury:	05/08/2006
Decision Date:	03/24/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and 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 physician 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:

This male sustained an injury on 5/8/06 while employed by [REDACTED]. Request under consideration include 6 land-based physical therapy sessions. Report of 10/16/13 from provider noted patient with improvement of right shoulder and low back pain of 5-6/10 scale from shoulder injections and pool/land therapy with [REDACTED]. Medications include Norco, Prilosec, and Flexeril. He had lumbar epidural injections in July 2013 which helped and is waiting for authorization for another. The patient is not working. Exam showed limited range of right shoulder in all planes; positive impingement and tenderness of AC joint on right; Back exam noted positive bilateral SLR and limited flexion of 40 degrees (no neurological exam documented). Diagnoses included right shoulder impingement and post traumatic arthrosis; lumbar degenerative disc and joint disease s/p decompression at L4-5 and L5-S1 with post-operative infection; chronic low back pain; anxiety and depression; insomnia; GERD; sexual dysfunction; non-industrial prostate cancer under treatment since 2007. The patient remained on TTD and social security disability. Request for additional physical therapy was non-certified on 11/4/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 land-based physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This male sustained an injury on 5/8/06 while employed by [REDACTED]. Request under consideration include 6 land-based physical therapy sessions. Report of 10/16/13 from provider noted patient with improvement of right shoulder and low back pain of 5-6/10 scale from shoulder injections and pool/land therapy with [REDACTED]. Medications include Norco, Prilosec, and Flexeril. He had lumbar epidural injections in July 2013 which helped and is waiting for authorization for another. The patient is not working. Exam showed limited range of right shoulder in all planes; positive impingement and tenderness of AC joint on right; Back exam noted positive bilateral SLR and limited flexion of 40 degrees (no neurological exam documented). Diagnoses included right shoulder impingement and post traumatic arthrosis; lumbar degenerative disc and joint disease s/p decompression at L4-5 and L5-S1 with post-operative infection; chronic low back pain; anxiety and depression; insomnia; GERD; sexual dysfunction; non-industrial prostate cancer under treatment since 2007. The patient remained on TTD and social security disability. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received extensive therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments as he has remained TTD. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The 6 land-based physical therapy sessions is not medically necessary and appropriate.