

Case Number:	CM13-0066827		
Date Assigned:	01/03/2014	Date of Injury:	01/12/2007
Decision Date:	05/19/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/17/2013

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 Occupational Medicine 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:

Patient is an employer of [REDACTED], who filed a claim for pain in his neck that radiates to his right arm, pain in the shoulder, and lower back pain associated with industrial injury dated 1/12/2007. Treatment to date includes Electromyography dated 07/08/09, which revealed mild denervation due to right S1 radiculopathy, moderate bilateral carpal tunnel syndrome and absent H-reflex. CT scan of the lumbar spine done on 09/24/10 showed no evidence of spinal stenosis, severe spondylosis and disc desiccation are present. Surgical procedures were also done which includes spinal discectomy, placement of intervertebral cage, partial corpectomy and anterior instrumentation of L3, L4, L5, S1 with intraoperative fluoroscopy dated 11/28/12. He had physical therapy session with a total number of 24 sessions which started on March 2013 until May 2013. Toradol injection was also given since 03/24/2010. In a utilization review dated December 13, 2013, the proposed request of 8 physical therapy sessions was denied. Only the 2 physical therapy session for the right shoulder was approved to maximize the effect of injection in the said area. Lumbar PT was also denied. Review of medical records showed frequent sharp, daily pain in his right shoulder that increases with overhead reaching, occasional sharp, daily pain in his lower back that radiates into his right hip down to his right leg to the calf. There's numbness and tingling sensation into his legs and toes. His symptoms improve with the use of medication. There's also some difficulty in activities of daily activities especially with sleep and sexual functions. Physical examination revealed no muscular rigidity or spasm in the cervical spine and shoulders. There was tenderness along the paraspinal musculature on the left and trapezius musculature on the right. Axial compression test was negative. There was pain on internal/external rotation of shoulders bilaterally and impingement on the right was noted. Tinel's sign at the elbow was negative bilaterally. Mill's test was negative bilaterally. Finkelstein's maneuver was negative bilaterally. Phalen's test was negative bilaterally. There was no evidence

of thenar or hypothenar muscle wasting. Physical examination of Lumbar spine showed palpable tenderness along the lumbosacral, sacroiliac and buttock region bilaterally. There was evidence of paravertebral muscle spasm and lumbar flattening.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 PHYSICAL THERAPY VISITS FOR THE LUMBAR SPINE AND RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines physical therapy Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: CA MTUS post surgical guidelines for lumbar fusion recommend 34 physical therapy sessions over 16 weeks. Pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines state that treatment regimens should be tapered and transitioned into a self-directed home program. In this case, the patient is known to have had 24 sessions of physical therapy since 2013. However, functional improvements from the previous sessions were not indicated such as improved ability to perform activities of daily living. The patient should be well versed in a home exercise program given the amount of physical therapy sessions he has had. Therefore, the request for 8 physical therapy sessions for lumbar spine and right shoulder is not medically necessary.