

Case Number:	CM14-0001732		
Date Assigned:	01/22/2014	Date of Injury:	08/25/2011
Decision Date:	06/20/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/06/2014

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 Pain Medicine and Rehabilitation, 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 51 year-old male truck driver with multiple industrial injury claims. This review pertains to the 8/25/11 claim. He has a lifting injury to the lower back from 10/20/10; a slip and fall on 2/14/11 where he injured his back and right shoulder and elbow, and on 8/25/11 aggravated the condition from unloading items. On the 10/30/13 pain management report, the patient was reported to have complaints of right shoulder, low back, buttock and bilateral lower extremity pain. He had underwent right shoulder arthroscopy on 7/17/13 and had a flare up a week prior due to a shoulder cortisone injection that caused more pain. He has been going through postsurgical physical therapy (PT) for the shoulder and had three (3) sessions remaining. Shoulder range of motion (ROM), and strength has improved. On 12/26/13, utilization review (UR) denied a request for PT for 6 sessions for the lower back from an RFA dated 12/18/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TO THE LOW BACK 1-2 TIMES A WEEK X 3 WEEKS (6 SESSIONS): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES, 2ND EDITION, CHAPTER 12 (LOW BACK COMPLAINTS), 298-303

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

Decision rationale: The patient presents with right shoulder and low back injury. He had right shoulder surgery on 7/17/13. I have been asked to review for physical therapy (PT) for "the low back 1-2x/week for 3 week" from a 12/18/13 request for authorization (RFA), but there is no corresponding medical report for the 12/18/13 RFA. The available records show the patient has had postsurgical PT for the shoulder, but no records of PT for the lower back in 2013. The 7/8/13 report states the patient was doing exercises for the lower back at a gym. He was taught the exercises from PT back in 2012 apparently. There are no records provided showing PT for the lower back since the patient's shoulder surgery. The MTUS guidelines recommends up to 8-10 sessions of PT for various myalgias or neuralgias. The request for PT 1-2 times per week for three (3) weeks for the recent flare-up of low back pain appears to be in accordance with MTUS guidelines. Recommendation is for authorization of PT to the low back 1-2 times per week for three (3) weeks weeks.