

Case Number:	CM14-0007750		
Date Assigned:	04/30/2014	Date of Injury:	05/15/2011
Decision Date:	06/09/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/16/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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:

The patient is a 48 year old female who was injured on 05/05/2011. Mechanism of injury is unknown. Prior treatment history has included: per report dated 07/01/2013, the patient has received physical therapy and injections in the past. As per the UR dated 12/10/2013, the patient has received 18 sessions of physical therapy for both the left shoulder and lumbar spine. The patient underwent mini-open rotator cuff repair with subacromial on 07/12/2013. PR-2 dated 10/30/2013 documented the patient says there is a slight improvement to the left shoulder with therapy status post surgery. Range of motion is improving, the pain is reducing but patient continues with pain and achiness to the low back. Patient can walk and stand for approximately 15 minutes. The patient also has increasing left foot pain with weight bearing activities. Objective findings on examination of the foot reveal tenderness over the left anterior foot. Examination of the lumbar spine reveals tenderness over the lower lumbar spine midline bilateral SI joint tenderness, range of motion is 90% of normal. Examination of the left shoulder reveals tenderness of the left anterior lateral joint line.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 TIMES A WEEK FOR 4 WEEKS FOR THE LUMBAR SPINE:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: According to ODG guidelines, Physical therapy (PT) allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. PT is recommended for back pain due to intervertebral disc disorder (with or without myelopathy) as 10 visits over 8 weeks. According to CA MTUS guidelines, PT is recommended for myalgia and myositis as 9-10 visits over 8 weeks, and for neuralgia and radiculitis as 8-10 visits over 8 weeks. Therefore, the request for Physical therapy 3 times a week for 4 weeks exceeds the guidelines recommended number of sessions, and it is not medically necessary.