

Case Number:	CM14-0105488		
Date Assigned:	09/16/2014	Date of Injury:	12/06/2002
Decision Date:	10/20/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/08/2014

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 and 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 records, presented for review, indicate that this 59-year-old gentleman was reportedly injured on December 6, 2002. The mechanism of injury was noted as a slip and fall off the running board of a truck. The most recent progress note, dated August 25, 2014, indicated that there were ongoing complaints of left shoulder pain. Current medications include Ibuprofen Methoderm Patch, Norco, Opana and Opana ER. The physical examination demonstrated decreased left shoulder range of motion with flexion to 105 and abduction to 150. Left elbow range of motion was from 5. Diagnostic imaging studies of the left shoulder on July 11, 2012 revealed rotator cuff tendinosis and thickening of the subacromial bursa with AC joint arthritis and hypertrophy. Previous treatment included left ankle surgery times 3, a left shoulder arthroscopy, physical therapy, thoracic spine laminectomy, use of a spinal cord stimulator and oral medications. A request had been made for physical therapy for the lumbar spine and was not certified in the pre-authorization process on June 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back, Physical Therapy

Decision rationale: According to the most recent progress note dated August 25, 2014 and a note prior, the injured employee has no complaints of low back pain. Considering this, it is unclear why there is a request for physical therapy for the lumbar spine. This request for physical therapy for the lumbar spine is not medically necessary.