

Case Number:	CM14-0010775		
Date Assigned:	04/18/2014	Date of Injury:	09/04/2012
Decision Date:	07/25/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/27/2014

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 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:

The patient is a 26-year-old male, who has submitted a claim for cervical sprain / strain; right sided shoulder rotator cuff tear; left sided shoulder SLAP tear; lumbosacral sprain/strain without radiculopathy and L5-S1 discopathy associated with an industrial injury date of September 9, 2014. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of pain in his neck, left shoulder and low back radiating to the trapezius muscles causing tightness. Examination of the lumbar spine showed focal tenderness at the lumbosacral junction as well as right superior iliac crest. Range of motion of the lumbar spine was as follows: flexion to the right and left was at 70%, extension to the right and left was at 65%, lateral bending to the right was at 90% and to the left was at 100%. Straight leg raising was negative bilaterally. MRI of the lumbar spine done on March 11, 2013 showed, disc desiccation at L5-S1 with anterolisthesis of L5 over S1. MRI of the lumbar spine done on May 1, 2013 showed, mild disc desiccation at the levels of L5-S1 and mild scoliosis of the lumbar spine. MRI of the right shoulder without IV contrast done on September 6, 2012 showed, high grade burial surface tear of the anterior supraspinous tendon at the footprint over a distance of 8mm AP. MRI of the left shoulder done on September 5, 2012 showed detachment of the posterior labrum with suggestion of associated periosteal avulsion. Treatment to date has included medication, 12 sessions of physical therapy, right sided shoulder arthroscopy and left sided shoulder arthroscopy. Utilization review from January 8, 2014 denied the request for 18 PT sessions for cervical spine, shoulder and lumbar spine because there was previous authorization for 6 PT, but no clear documentation of completion of sessions as well as functional gains attributed to PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 PHYSICAL THERAPY SESSIONS (3X6WEEKS) FOR CERVICAL SPINE, SHOULDER, LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Physical Medicine Page(s): 98-99.

Decision rationale: As stated on pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines allow for fading of treatment frequency. In this case, the patient already had 12 sessions of physical therapy with noted improvement in range of motion. However, records reviewed that the patient was already started on home exercise program. Hence, the patient is adept in performing self-directed home exercise program. Therefore, the request for 18 physical therapy sessions (3x6weeks) for cervical spine, shoulder, lumbar spine is not medically necessary.