

Case Number:	CM14-0013204		
Date Assigned:	02/26/2014	Date of Injury:	12/10/2008
Decision Date:	06/26/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	02/03/2014

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 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 underlying date of injury in this case is 12/10/2008. This patient was initially injured in a trip and fall accident. The patient has been treated with a right shoulder subacromial decompression, distal clavicle excision, and labral debridement in October 2013, and the patient also underwent a rotator cuff repair with decompression in August 2009. The patient is also status post two prior diskectomies with fusion. On 12/06/2013, the patient was seen in follow up by her primary treating physician. The patient was seen in follow up regarding her right shoulder, right hip, and right elbow. The treating provider also noted that prior comprehensive medical examination in May 2012 suggests that this patient's injury included an injury to a preexisting condition in the lumbar spine. Prior lumbar MRI imaging was noted on 10/13/2012 which demonstrated degenerative disc disease with facet arthropathy at L5-S1 and neuroforaminal narrowing at L2-3 and L3-4 and postoperative changes at L3 through S1. The treating provider's plan included a request for lumbar spine strengthening and conditioning as well as aquatic therapy.

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 FOR STRENGTHENING AND CONDITIONING 2 TIMES PER WEEK FOR 4 WEEKS: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines recommends transition to independent active home rehabilitation. The medical records do not provide any rationale or indication as to why the patient would require supervised physical therapy in a chronic setting rather than continued independent home rehabilitation. This request is not supported by the treatment guidelines. Overall, this request is not medically necessary.