

Case Number:	CM14-0115809		
Date Assigned:	08/04/2014	Date of Injury:	04/27/2012
Decision Date:	09/10/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/23/2014

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 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 injured worker is a 51 year-old male who reported an unknown injury on 04/27/2012. On 06/27/2014, his complaints included persistent low back pain described as throbbing and shooting and rated at 4-5/10. His pain was increased with prolonged sitting. He reported that his pain had decreased since he had the radiofrequency ablation on the left side and would like to pursue a radiofrequency ablation on the right side. He also had a lumbar steroid epidural injection which provided relief for more than 6 months. Lumbar extension was limited to 5/25 bilaterally with pain. There was pain with palpation over the lower lumbar facets bilaterally with muscle spasms, myofascial trigger points and twitch responses with referred pain pattern in the bilateral lumbosacral area. His diagnoses included lumbar spondylosis and facet syndrome at L4-5 and L5-S1, internal derangement of the left shoulder status-post surgery, lumbar degenerative disc disease and lumbar radiculitis, myospasm and myofascial trigger points. It was noted that he was participating in a home exercise program, however, the duration or types of exercises were not identified. On 04/08/2014, it was noted that he ran out of physical therapy sessions but had close to a full passive range of motion in his left shoulder. There was no documentation included in this patient's chart regarding the number of physical therapy sessions he had over what period of time, nor the modalities employed or the body parts treated. The rationale for physical therapy stated that he may benefit from additional physical therapy if it is approved. The Request for Authorization dated 06/25/2014 was included in this patient's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain, Suffering, and the Restoration of Function Chapter Physical Medicine Page(s): 114.

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

Decision rationale: California MTUS Guidelines recommend active therapy as indicated for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Patients are expected to continue active therapies at home. The Physical Medicine Guidelines allow for fading of treatment from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. The recommended schedule for myalgia and myositis is 9 to 10 visits over 8 weeks. As noted earlier, there is a lack of documentation regarding this patient's previous physical therapy treatments. There was no documentation of reduction in pain or increased functional abilities due to the physical therapy. Additionally, the request did not specify what body parts were to be treated in the requested physical therapy. Therefore, the request for physical therapy 2 times a week for 3 weeks is not medically necessary.