

Case Number:	CM14-0131645		
Date Assigned:	09/08/2014	Date of Injury:	04/05/2007
Decision Date:	11/03/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/18/2014

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 55-year-old male with a date of injury on April 5, 2007. Records dated April 3, 2014, indicate that the injured worker still complained of pain and underwent aquatic therapy which provided some beneficial effect. She also reported reduced use of medications. Records dated July 10, 2014, documents that an agreed medical evaluation performed on November 14, 2013 declared the injured worker to be permanent and stationary status. The injured worker was apportioned and indicated future medical care including medical therapy and possible surgical intervention for the lumbar spine, but no additional surgical intervention for the shoulders. He was also recommended medical therapy, occasional physical therapy for the arms and shoulders. The injured worker still complained of continued back pain radiating into the lower extremities with pain, paresthesia and numbness as well as bilateral shoulder pain. Examination noted spasm, tenderness, and guarding in the paravertebral musculature of the lumbar spine with loss of range of motion. Sensation was decreased bilaterally in the S1 dermatomes. The shoulders showed impingement and Hawkins sign with range of motion on flexion and abduction to approximately 120 degrees. He is diagnosed with (a) cervical disc displacement without myelopathy, (b) lumbar disc displacement without myelopathy, (c) shoulder region disorders not elsewhere classified, (d) chondromalacia, (e) brachial neuritis or radiculitis not otherwise specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physio-therapy three days a week times 4 weeks (3x4) (12 sessions) for the lumbar spine:
Upheld

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

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

Decision rationale: Based on the records received, the agreed medical evaluation specifically differentiated physical therapy from medical therapy and the report only indicates recommendation of physical therapy for the arms and shoulders. Moreover, there is no evidence of a flare-up or breakthrough pain. It is unclear if the injured worker has received prior physical therapy sessions. The requested number of physical therapy may or may not exceed the number of recommended visits; however, this cannot be determined as the pertinent information in order to determine this is not provided. Therefore, this request is not medically necessary.