

Case Number:	CM14-0132771		
Date Assigned:	08/22/2014	Date of Injury:	07/26/2013
Decision Date:	09/22/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/19/2014

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:

This 48 year-old patient had a date of injury on 7/26/2013. The mechanism of injury was falling off a ladder. In a progress noted dated 12/16/2013, subjective findings included numbness at left leg and foot area, no other symptoms changes are reported. The patient continues to work, is not taking any oral medication, and claims that physical therapy has been helping. On a physical exam dated 12/18/2013, objective findings included no acute distress, alert and oriented, antalgic with cane. Diagnostic impression shows L5-S1 disc herniation and acute sciatica. Treatment to date: medication therapy and behavioral modification. A UR decision dated 7/30/2014 denied the request for 6 outpatient physical therapy sessions for the right shoulder (DOS 12/27/13, 12/30/13, 1/3/14, 1/10/14, 1/31/14, and 2/7/14), stating that a follow-up in December showed no significant change in the patients complaints of persistent numbness and continued to have weakness in left lower extremity extensor hallucis longus and gastrosoleus.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 retrospective review for six outpatient Physical Therapy sessions for the right shoulder, dates of service 12/27/13, 12/30/13, 1/3/14, 1/10/14, 1/31/14 and 2/7/14: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, <https://www.acoempracguides.org/Shoulder>; Table 2, Summary of Recommendations, Shoulder Disorders and ODG (Official Disability Guidelines); Work Loss Data Institute.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. CA MTUS stresses 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. ODG recommend 10-12 visits over 8 weeks for acute sciatica. In a progress note dated 12/16/2013, the patient was noted to have completed only 5 physical therapy sessions, is continuing to work, and not taking any oral medications. Furthermore, it was noted that the physical therapy sessions were helpful, and an additional regimen of 6 further physical therapy sessions does not exceed the recommended guidelines of 12. Therefore, the request for 6 out-patient physical therapy sessions DOS 12/7/13, 12/30/13, 1/3/2014, 1/10/14, 1/30/14 and 2/7/14 are medically necessary.