

Case Number:	CM14-0023096		
Date Assigned:	05/14/2014	Date of Injury:	07/15/2012
Decision Date:	08/05/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/24/2014

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 Orthopedic Surgery 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 is a 34 year-old male patient with a 7/15/12 date of injury. A 5/6/14 progress report indicates continued poor sleep quality, improving acid reflux and 10-pound weight loss. A 4/23/14 progress report indicates ongoing neck pain with radiation of pain to the shoulders, ongoing low back pain. The physical exam demonstrates cervical tenderness, limited cervical range of motion, diminished sensation over the C6 and C7 dermatome on the right, limited lumbar range of motion, lumbar hypertonicity, positive straight leg raise test, diminished sensation of the right L5 dermatome, bilateral brachioradialis weakness. A 3/3/14 progress report indicates persistent neck, right shoulder, mid and low back pain. The patient underwent right shoulder arthroscopy on 2/22/13. The treatment to date has included medication, activity modification, cortisone injections, and physical therapy. There is documentation of a previous 1/28/14 adverse determination; previous review not available.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE PHYSICAL THERAPY LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS Postsurgical Treatment Guidelines support up to 16 physical therapy visits following surgery for intervertebral disc disorders without myelopathy. However, the patient underwent right shoulder surgery in February 2013 with no evidence of recent or pending lumbar surgery. An operative report was unavailable; as was the patient's prior course of post-operative management. It is unclear whether, and if, how many, physical therapy visits were completed following any inferred lumbar procedure. Therefore, the request for post operative physical therapy for the lumbar spine was not medically necessary.