

Case Number:	CM14-0024456		
Date Assigned:	06/11/2014	Date of Injury:	08/15/2011
Decision Date:	07/15/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/26/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in New York and Texas. 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 59 year old male whose date of injury is 08/15/2011. The mechanism of injury is described as repetitive lifting. Note dated 08/14/13 indicates that he complains of low back pain, right leg pain and right shoulder pain. He receives acupuncture and chiropractic care as needed. The injured worker's neurological exam remains stable. The injured worker underwent lumbar epidural steroid injection on 09/09/13. He underwent right shoulder injection on 12/09/13. Note dated 01/13/14 indicates that he receives adjustments and massage therapy on a regular basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY ONE TIMES EIGHT TO BACK AND RIGHT SHOULDER:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: Based on the clinical information provided, the request for eight sessions of physical therapy to the back and right shoulder is not recommended as medically necessary.

California Medical Treatment Utilization Schedule Guidelines (CA MTUS) guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. The injured worker's objective functional response to prior physical therapy is not documented. The injured worker's compliance with an active home exercise program is not documented.