

Case Number:	CM14-0029957		
Date Assigned:	06/20/2014	Date of Injury:	02/05/2013
Decision Date:	11/21/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/10/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 28 year old male who had a work injury dated 2/5/13. The diagnoses include lumbar spondylosis and thoracic myofascial pain. Under consideration are requests for physical therapy three times four for the lumbar and thoracic spine. A 1/2013 progress report states that the patient has a pain 6/10 low back pain with right lower extremity symptoms and 5/10 thoracic pain. The shoulder pain is 5/10. He recalls failed injection to subacromial space. He inquires regards to lumbosacral orthosis to provide stability and facilitate improved tolerance to standing and walking. Patient reports heightened function with medication at current dosing with examples provided today. Patient indicates that ADL's are maintained with medication including shopping for groceries, very light household duties, preparing food, grooming, bathing. Recalls times when ADL's were in jeopardy prior to current medication dosing with examples. Medication facilitates maintenance of recommended exercise level and healthy activity level, per patient. Several examples of objective improvement with medication on board at current dosing described today including tolerance to activity and improved range of motion. On exam there is tenderness right shoulder anterior aspect and at a.c. Right shoulder abduction 90, forward flexion 100 .Positive impingement signs. Weakness with abduction. Lumbar and thoracic exam essentially unchanged. Spasm of the lumboparaspinal musculature less pronounced. There is a request for a right shoulder MRI; continue with request for additional physical therapy lumbar and thoracic spine at 3 times per week for 4 weeks; and for a lumbosacral orthosis. An 8/26/13 document states that Physical therapy lumbar spine to date facilitates diminution in axial pain however non-efficacious in regards to lower extremity symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times four for the lumbar and thoracic spine: Upheld

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

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

Decision rationale: The guidelines recommend up to 10 visits for this condition. The documentation indicates that the patient has had prior physical therapy of at least 6 sessions. There is no documentation of significant functional improvement from prior therapy. It is unclear exactly how many therapy sessions the patient has had for the lumbar or thoracic spine. It is unclear why the patient is unable to perform an independent home exercise program. The request for Physical Therapy three times four for the Lumbar and Thoracic Spine are not medically necessary.