

Case Number:	CM14-0036104		
Date Assigned:	06/23/2014	Date of Injury:	12/08/2009
Decision Date:	07/25/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/24/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 47-year-old male with a date of injury of 12/08/2009. According to progress report 02/27/2014 by [REDACTED], the patient presents with right shoulder pain rated as 5/10. The patient also has low back pain with right greater than left lower extremity radiculopathy rated at 8/10. Patient was noted to have participated in 12 physical therapies, which has decreased his pain. Examination revealed limited range of motion of the shoulder and lower back. PT progress report from 02/13/2014 indicates the patient is improving with physical therapy; however, he is "not at 100%." the treater requested additional physical therapy 2 times a week for 4 weeks "to help facilitate diminished pain and improve tolerance to activity and improve range of motion." Utilization review denied the request on 03/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy, 2x4 weeks for the lumbar and thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines.

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

Decision rationale: This patient presents with right shoulder, cervical and lumbar spine pain. The treating physician is requesting additional physical therapy 2 times a week for 4 weeks "to help diminish pain and improve tolerance to activity and improve range of motion." For physical medicine, MTUS page 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 sessions over 8 weeks. In this case, review of medical records indicates the patient participated in 12 visits by 02/13/2014. The treating physician does not discuss why the patient would not be able to participate in a home exercise program after 12 recent sessions. Furthermore, the requested 8 additional sessions combined with recently completed 12 sessions would exceed what is recommended by MTUS. The request is not medically necessary.