

Case Number:	CM14-0036749		
Date Assigned:	06/25/2014	Date of Injury:	08/31/2012
Decision Date:	07/28/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/26/2014

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 Rehabilitation and is licensed to practice in Illinois. 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 who reported an injury on 08/31/2012. The mechanism of injury was not provided. The diagnoses included status post right shoulder arthroscopy on 09/12/2013, adhesive capsulitis, and lumbar sprain/strain. Prior treatments included at least 8 visits of physical therapy for the right shoulder. Per the 11/20/2013 progress report, the injured worker reported low back pain rated 3/10 radiating into the right leg. Examination of the lumbar spine noted tenderness to the paraspinal muscles and full range of motion. It was noted that the injured worker had tightness to the posterior legs and a normal heel-to-toe walk. The provider recommended physical therapy at 2 times a week for 6 weeks and to add the low back to his physical therapy. Per the 03/26/2014 progress report, the injured worker reported low back pain rated 2/10 to 3/10, radiating into the right leg. Examination of the lumbar spine was unchanged. The rationale for the request was not provided. The Request for Authorization form was not present in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Visits for the Low Back: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend 9 to 10 visits for myalgia and myositis with the fading of treatment frequency plus active, self-directed home physical medicine. The medical records provided indicate that the injured worker completed at least 8 visits of physical therapy for the shoulder. There is a lack of documentation to determine if physical therapy for the lumbar spine occurred. Nonetheless, there is no indication of significant functional or neurologic deficits warranting physical therapy for the lumbar spine. In addition, the request for 12 sessions exceeds the guideline recommendations. The medical necessity of physical therapy for the low back was not established. The request for 12 physical therapy visits for the low back is not medically necessary.