

Case Number:	CM14-0039242		
Date Assigned:	06/27/2014	Date of Injury:	08/28/2009
Decision Date:	07/29/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/03/2014

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 Occupational Medicine 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:

The patient is a 52 year old male who was injured on 08/28/2009. He sustained a forklift injury. An MRI of the cervical spine dated 05/29/2013 revealed disc desiccation at L4-L5 with a disc protrusion right greater than left causing lateral recess stenosis. An Ortho evaluation note dated 02/10/2014 reports the patient complained of back pain. Objective findings on exam revealed he was able to walk without difficulty. Lumbar spine range of motion revealed flexion 40/60; extension 20/25; right lateral bending 20/25; and left lateral bending 20/25. The paraspinal muscles are minimally tender to palpation. The motor exam was 5/5 and sensation is decreased at left L5 distribution. He is diagnosed with lumbar radiculopathy, and was recommended for surgery but declined surgical intervention. An ortho note dated 01/28/2014, documented that the patient presented with reports of continued intermittent to moderate neck pain with radiation to the bilateral upper extremities, as well as shoulder pain. He has low back pain that radiates to the bilateral legs to the calf level. On exam, he has tenderness to palpation of the paracervical musculature with spasms noted. He has restricted range of motion, and the lumbar spine reveals tenderness to palpation about the paralumbar musculature. There is restricted range of motion as well as decreased sensation to light touch at L5 on the left. Straight leg raise is positive bilaterally at 50 degrees. The patient is diagnosed with cervical spine strain with radicular complaints, 2-3 mm disc protrusion at C2-C3 and C3-C4; left shoulder strain with impingement; and lumbar strain, left SI joint strain with radiculopathy at L4-L5 and 2-3 mm disc protrusion at L5-S1. The treatment plan included a request for physical therapy twice a week for 4 weeks for the left shoulder. Prior utilization review dated 03/11/2014 states the request for 8 sessions of physical therapy is not authorized as there is no mention as to how many sessions the patient has completed or how those sessions improved functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter (Acute & Chronic), Physical Therapy (PT).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Guidelines recommend 8-10 visits of physical therapy over 8 weeks for acute exacerbations of chronic pain. However, the patient already had 8 PT visits authorized about one month prior to this request, resulting in 16 visits, which exceeds guideline recommendations. Further, medical records do not discuss frequency, treatment response, or rationale with regard to physical therapy. There does not appear to have been an acute exacerbation. As such, the request is not medically necessary.