

Case Number:	CM14-0039535		
Date Assigned:	06/27/2014	Date of Injury:	05/30/2003
Decision Date:	08/15/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/01/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in 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 71 year old female with a date of injury of 05/30/2003. The mechanism of injury includes a fall with the injured worker landing on her back. Status is post right shoulder rotator cuff repair dated 01/2004, arthroscopy and open rotator cuff repair dated 10/24/2007 and right shoulder arthroscopy with repair of the infraspinatus, acromioplasty and biceps tenodesis dated 01/15/2010. On 11/24/2013 the injured worker reported to a pain and wellness center with complaints of bilateral shoulder pain and low back pain with bilateral lower extremity radiation. The injured worker was dependent upon prescription opioids at that time and the treating practitioner's goal was to reduce this dependence with alternate pain management to include physical therapy and a home exercise program as well as alternate pain medications. The injured worker was noted to have violated her opioid contract with this practitioner on 11/21/13 and 1/14/14. A thoracic epidural steroid injection (TESI) of the lumbar spine was ordered as an alternate means of controlling pain. The TESI was performed on 2/24/14 at L4-5. Follow up note dated 3/11/14 indicates the TESI resulted in decreased leg pain, but that there was no resolution of low back pain. Six visits of physical therapy to address the diagnosis of lumbosacral radiculitis were recommended. Utilization Review dated 03/27/2013 indicates 12 sessions of physical therapy were requested. The request was partially certified as 6 sessions of physical therapy were deemed medically appropriate. Application for Independent Medical Review dated 04/01/2014 addresses the determination included in UR dated 03/27/2014 regarding the submitted request for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, quantity 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, Physical Medicine, pages 98-99 of 127 Page(s): 98-99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy section and ODG Preface.

Decision rationale: The request for physical therapy, quantity 12 is not recommended as medically necessary. The initial recommendation for physical therapy is included in clinical note dated 03/11/2014 and is indicated for lumbosacral radiculitis. Chronic Pain Medical Treatment Guidelines state 8-10 visits over 4 weeks are recommended as medically necessary for radiculitis. This request exceeds guidelines. The previous determination partially certified this request, authorizing 6 sessions of physical therapy. Per Official Disability Guidelines, injured workers should be formally assessed after a "six-visit clinical trial" to see if the injured worker is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). Based on this and the clinical information provided, 6 sessions of physical therapy is established as medically appropriate. Medical necessity of 12 visits of physical therapy is not established.