

Case Number:	CM14-0047906		
Date Assigned:	07/02/2014	Date of Injury:	02/21/2006
Decision Date:	08/21/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/16/2014

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 Geriatrics and is licensed to practice in New York. 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 man with a date of injury of 2/21/06. He was seen by his primary treating physician on 3/14/14. He complained that 'something slipped in my back and he also complained of left hand pain, left shoulder, low back and left knee pain. His pain was tolerable with his medications. His physical exam showed normal reflexes, sensation and power in his bilateral upper and lower extremities. He had normal gait and minimal lumbar tenderness. His lumbar and cervical spine range of motion was decreased 20%. He had right shoulder impingement. His diagnoses included decompression of L4-5 without fusion and fusion L5-S1, right shoulder impingement, severe degenerative joint disease of the right knee, spondylolisthesis cervical disc displacement and primary osteoarthritis left leg. At issue in this review is the request for physical therapy twice weekly for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines (Lumbar).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, page(s) 98-99 Page(s): 98-99.

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. In this injured worker, the injury was over 8 years ago with a recent 'slip in his back. His pain was tolerable with medications and his physical exam was unremarkable. There are no other modalities offered for the recent increase in back pain prior to a referral to physical therapy. The records do not support the medical necessity for 12 physical therapy visits in this individual with chronic pain.