

Case Number:	CM14-0049060		
Date Assigned:	06/25/2014	Date of Injury:	07/09/2008
Decision Date:	08/14/2014	UR Denial Date:	03/13/2014
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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 47-year-old male who reported an injury on 07/09/2008 while digging a hole. The injured worker had a history of left hip, leg, and foot pain, as well as right shoulder, neck, and right lower extremity pain. The injured worker had a diagnosis of lumbosacral strain, right shoulder sprain/strain, left S1 radiculopathy, left foot sprain/strain, and a left hip necrosis. The injured worker had an MRI completed on 10/22/2013 that revealed a disc desiccation with a 3 mm central disc bulge at the L5-S1. The past treatments included 2 epidural steroid injections at the L5 and S1 and also an injection to the right shoulder on 04/12/2013 with good results. The physical examination dated 07/16/2013 revealed a positive straight leg raise and tenderness with palpitation to the right shoulder with increased discomfort to the forward flexion and abduction. The injured worker had at least 9 sessions of physical therapy dating 10/28/2013. The injured worker had decreased range of motion at the right shoulder with complaints of pain and both lower extremity muscle strength was 5/5. The patient is currently not taking any medications. The plan included review of the psychiatry report and additional physical therapy. The request for authorization dated 06/25/2014 was submitted with the documentation. The rationale for physical therapy was not submitted.

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 Lumbar Spine, Left Hip, Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The request for physical therapy 2 x 6 for the lumbar spine, left hip and right shoulder is not medically necessary. The California MTUS Guidelines recognizes that active therapy requires internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or a medical provider such as verbal, visual, and/or tactile instructions. The injured worker is instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Physical Medicine Guidelines allow for fading of treatment frequencies from up to three visits per week to 1 or less plus active self directed home physical medicine. The injured worker received between 9 and 12 visits of physical therapy that revealed improved by upgrading his exercise program. There was no evidence in the submitted documentation that supported the need for additional physical therapy. The request for additional physical therapy is not medically necessary.