

Case Number:	CM14-0049382		
Date Assigned:	07/02/2014	Date of Injury:	02/15/2012
Decision Date:	08/01/2014	UR Denial Date:	04/10/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 60-year-old female with date of injury of 02/15/2013. The listed diagnoses per [REDACTED] dated 03/28/2014 are: 1. Lumbar disk displacement without myelopathy. 2. Sprain/strain of the thoracic region. 3. Spondylosis, lumbosacral. 4. Status post epidural steroid injection from 12/10/2013 and 04/29/2014. According to this report, the patient presents with chronic neck, back, and left shoulder pain. She rates her pain at 9/10. She reports that she has not been able to perform cleaning around the house and any kind of heavy lifting. She is only able to walk one (1) block before having significant flare-up of pain. She continues to report low back pain radiating down her left lower extremity with numbness and tingling. The patient has difficulty getting up and out of the chair, and also out of the car. She is not able to work secondary to her chronic pain. The physical exam shows that the patient is well-developed, well-nourished in no apparent distress. The patient's gait was antalgic. She is able to ambulate into the room without assistance. An examination of the lumbar spine reveals tenderness to palpation at the lumbosacral junction. The range of motion of the lumbar spine is decreased. The straight leg raise was positive at the left lower extremity at about 50 degrees. Motor strength was decreased to 4/5 with right leg extension compared to the left lower extremity and 4/5, with left foot dorsiflexion compared to the right lower extremity. An examination of the left shoulder reveals tenderness to palpation over the lateral aspect of her left shoulder. The range of motion of the left shoulder is decreased. The impingement sign was negative on the left shoulder. The utilization review denied the request on 04/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two (2) times a week for six (6) weeks for the low back and left shoulder:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter (updated 03/31/2013), Physical Therapy Official Disability Guidelines (ODG), Shoulder Chapter (updated 03/31/2014), Physical Therapy.

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

Decision rationale: This patient presents with chronic neck, back, and left shoulder pain. The treater is requesting physical therapy two (2) times a week for six (6) weeks for the low back and left shoulder. The Chronic Pain Guidelines recommend eight to ten (8 to 10) visits for myalgia, myositis, and neuralgia type symptoms. The review of records do not show any recent physical therapy reports to verify how many treatments and with what results were accomplished. The progress report dated 04/01/2014 notes that the patient was authorized for four (4) sessions of physical therapy for the lumbar spine recently and has completed all four (4) sessions. In this same report, the treater referenced a physical therapy report dated 02/27/2014, noting that continued physical therapy would further benefit the patient in order to decrease pain, increase function, and increase range of motion for the lumbar spine. In this case, the patient has received four (4) physical therapy recently and the requested twelve (12) sessions would exceed the guideline recommendations of eight to ten (8 to 10) visits for this type of condition. The request is not medically necessary.