

Case Number:	CM14-0057515		
Date Assigned:	07/09/2014	Date of Injury:	03/13/2013
Decision Date:	08/08/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/28/2014

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 55 years old male with an injury date on 03/13/13. Based on the 03/21/14 progress report provided by [REDACTED], the diagnoses are: Herniated nucleus pulposus at C3-C4, Severe left foraminal stenosis at C6-C7, Bilateral upper extremity radiculopathy, Sprain/strain right elbow, Right shoulder rotator cuff tear and proximal tendon tear with subacromial impingement, Spinal stenosis at L4-L5 with herniated nucleus pulposus at L4-L5, Posterior annular tear at L5-S1, Left lower extremity radiculopathy, improved, Myoligamentous sprain/strain bilateral hips, Headaches secondary to industrial injury and pain, Internal and spiratory diagnoses deferred to appropriate specialist, Status post lumbar decompression and microdiscectomy at L4-L5 and L5-S1. According to the above report by [REDACTED] this patient presents with constant neck, back, bilateral hip, right elbow and wrist pain and the pain are rated at a 9-10/10. Lumbar and shoulder range of motion restricted. Hawkins' test and Neer's signs were positive. Lumbar spine reveals paraspinal spasms and tenderness. [REDACTED] is requesting physical therapy 3 times a week for 6 weeks for the lumbar and right shoulder. The utilization review determination being challenged is dated 04/17/14. [REDACTED] is the requesting provider, and he provided treatment reports from 01/03/14 to 05/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy three (3) times a week times six (6) weeks Lumbar and Right Shoulder:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back; Official Disability Guidelines (ODG):Shoulder, Physical Therapy.

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

Decision rationale: According to the above report by [REDACTED] this patient presents with constant neck, back, bilateral hip, right elbow and wrist pain. The treater is requesting 18 sessions of physical therapy for lumbar and right shoulder. Regarding neuralgia, neuritis, and radiculitis type condition, MTUS guidelines pages 98, 99 recommend 8-10 visits over 4 weeks. Review of the reports do not discuss recent or prior therapy treatments and what has been successful and what has not. It is not known what additional therapy will accomplish at this juncture and why a home exercise would not be adequate. In this case, if the patient did not have any recent therapy, a short course may be warranted but the requested of 18 sessions exceed what is allowed by the MTUS guidelines. The request is not medically necessary at this time.