

Case Number:	CM14-0074208		
Date Assigned:	07/16/2014	Date of Injury:	06/29/2013
Decision Date:	08/15/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/21/2014

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 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:

This 27 year-old patient sustained an injury on 6/29/13 while employed by Olam Holdings Partnership. Report of 4/29/14 from the pain management provider noted the patient with injuries to her mid/lower back, right shoulder and right leg during the course of employment. Conservative care has included medications, chiropractic care, physical therapy, modified activities/rest. The patient continues with ongoing lower back pain radiating to right buttock/thigh; right shoulder pain radiating to upper arm; back is associated with numbness, tingling, and weakness of right leg rated at 7-8/10. The patient was noted to be improving with therapy; however, low back pain persists at 50% and right shoulder pain worsened at 50%. Exam showed normal gait pattern; lumbar spine range of motion is full in all directions; TTP at right paraspinal muscles with spasm; facet tenderness at right L4-5 and L5-S1, and right SI joint; negative straight leg raise and positive Patrick's testing. Diagnoses included lumbago; sacroiliitis; facet arthropathy; right shoulder pain (suprascapular nerve injury). Treatment included medication refills, continued physical therapy, and the patient remained on modified restrictions without change. The request for Physical Therapy 2x5 for the low back was non-certified on 5/12/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x5 for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Chapter Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back-Lumbar & Thoracic (Acute & Chronic), Physical Therapy, Lumbago.

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

Decision rationale: MRI was noted to have minimal findings. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The patient is without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support treatment request. Submitted reports have not adequately demonstrated the support of further physical therapy without noted acute new injuries or change in clinical presentation for this chronic injury. The Physical Therapy 2x5 for the low back is not medically necessary and appropriate.