

Case Number:	CM14-0085612		
Date Assigned:	07/23/2014	Date of Injury:	03/16/2013
Decision Date:	09/16/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/09/2014

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 29 year old female with an injury date of 03/16/13. Based on the 04/29/14 progress report provided by [REDACTED], the patient complains of bilateral shoulder pain and low back pain. Diagnosis provided mentions right shoulder impingement only. Progress report dated 04/20/14 by [REDACTED] indicates patient as s/p right shoulder arthroscopy with debridement of the rotator cuff, subacromial decompression, and distal clavicle resection on 11/12/2013. Also, it is stated that patient has participated in over 24 sessions of physical therapy for her right shoulder. No imaging record within reviewed reports addressed the lumbar spine, besides reference within denial letter dated 05/29/14 as follows: "Radiology report of MRI of the lumbar spine dated 11/14/13 shows 2mm L5-S1 broad based disc bulge with apparent undersurface annular tear." Denial letter also states the following: "The claimant currently reports pain in the low back. The pain radiates down to the right side and into the buttock. On examination of the lumbar spine, there is paraspinal spasm and tenderness noted. Otherwise, the back examination is normal." It is also noted that "final orthopedic medical legal report dated 04/02/14 indicates that in 03/2013, the claimant experienced upper, mid, and low back pain. The claimant reported pain in the lower midback and leg after sitting for long periods and sciatica to buttocks." [REDACTED] is requesting for physical therapy to the lumbar spine, quantity 12. The utilization review determination letter being challenged has been referenced above. The rationale is limited evidence of findings to support the need for skilled care. [REDACTED] is the requesting provider and has provided treatment reports from 12/18/13 - 04/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the lumbar spine, quantity 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Low back procedure summary (03/31/2014).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines on Physical Therapy for Lumbar condition.

Decision rationale: The patient presents with bilateral shoulder pain and low back pain based on report dated 04/29/14 by [REDACTED]. No specific diagnosis pertaining to the lumbar spine was found. However as referenced in denial letter, "the pain radiates down to the right side and into the buttock. Lumbar paraspinal tenderness and spasm was also noted. Per treater report dated 04/20/14, patient has participated in over 24 sessions of physical therapy for her right shoulder. The request is for physical therapy to the lumbar spine, quantity 12. ODG Physical Therapy Guidelines allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. For Lumbar sprains and strains 10 visits over 8 weeks is allowed. Request exceeds what is allowed by ODG and there is insufficient documentation to support necessity of treatment. Recommendation is for denial.