

Case Number:	CM14-0090874		
Date Assigned:	07/25/2014	Date of Injury:	07/31/2003
Decision Date:	10/24/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/16/2014

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 and Pain Management, 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 43-year-old male with a date of injury of 07/31/2013. The listed diagnosis per the treating physician is status post right ankle arthroscopic surgery performed by the treating physician in May 2006 and May of 2008. According to progress report 05/21/2014, the patient continues with neck, low back, left shoulder, and right ankle complaints. The treating physician notes that the patient has not started physical therapy yet. The patient has lost approximately 15 pounds, and his old lumbar brace no longer fits and he would like to request a replacement. Progress report 04/09/2014 indicates the patient has increased left shoulder and neck pain. Examination of the cervical spine revealed tenderness to palpation and muscle guarding over the paraspinal musculature and upper trapezius muscles bilaterally. Axial compression test and Spurling's maneuver elicit increased neck pain. Examination of the shoulder revealed tenderness to palpation over the parascapular region and upper trapezius. Myofascial trigger points are noted in the rhomboid and levator scapular muscles. The treating physician is requesting 8 physical therapy sessions including evaluation and a lumbosacral orthosis or brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 PHYSICAL THERAPY SESSIONS, EVALUATION INCLUDED: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE GUIDELINES.

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

Decision rationale: This patient presents with left shoulder, upper back, lower back, and ankle complaints. The treater is requesting 8 physical therapy sessions including evaluation. Utilization review denied the request stating "documentation reported the patient was certified 6 sessions of physical therapy on 04/09/2014." Report 05/21/2014 indicates that the patient has not started physical therapy. The treater is now requesting 8 sessions. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis-type symptoms 9 to 10 sessions over 8 weeks. In this case, the patient has been authorized for 6 sessions on 04/09/2014 which he has not started. It is unclear why the treater is requesting additional 8 sessions at this time. The 6 sessions that have been certified along with additionally requested 8 session would exceed what is recommended by MTUS. Recommendation is for denial.

1 LUMBOSACRAL ORTHOSIS OR BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Guidelines regarding lumbar support

Decision rationale: This patient presents with left shoulder, neck, low back, and left ankle complaints. The treater is requesting a replacement lumbar brace as the patient has gained 50 pounds and it no longer fits. ACOEM Guidelines page 301 on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines regarding lumbar support states, "not recommended for prevention; however, recommended as an option for compression fracture and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain, "very low quality evidence, but may be a conservative option." In this case, the patient does not present with fracture, documented instability, or spondylolisthesis to warrant lumbar bracing. Recommendation is for denial.