

Case Number:	CM14-0091096		
Date Assigned:	07/25/2014	Date of Injury:	05/16/2010
Decision Date:	09/08/2014	UR Denial Date:	05/16/2014
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, 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 year old male with a 05/16/10-05/16/11 injury date. The 05/31/12 and 06/08/12 treatment report states that the patient presents with lower back pain with numbness and tingling in the right leg. He also presents with positive tender to palpation with muscle spasms to the lumbar spine. The patient also complains of left shoulder pain. Per the 04/25/12 report, the patient is not working and is on disability. The patient's diagnoses state that: 1. Lumbar disk disease. 2. Left shoulder internal derangement. The utilization review denial letter being challenged is dated 05/16/14. The rationale is that the patient's functional improvement with prior physical therapy sessions are not documented. Furthermore, the total number of sessions completed is not clearly outlined. Without further detailed documentation, the medical necessity of continued physical therapy is not established. The treater is requesting 6 physical therapy sessions (2x3 weeks) of the lumbar and bilateral shoulders. Treatment reports were provided from 02/09/12 to 06/08/12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x3 (6) lumbar and bilateral shoulders: 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 Comp Low Back Procedure and Shoulder Procedure Summary last updated 03/31/2014.

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

Decision rationale: The patient presents with Lumbar spine pain with muscle spasms and left shoulder pain. The treater is requesting for 6 physical therapy sessions (2x3 weeks). MTUS guidelines pages 98, 99 state that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Review of the utilization review denial letter only makes a general reference to ongoing physical therapy the patient has had. In this case, there are no therapy reports provided to know the patient's treatment history. The treater does not discuss how much therapy the patient has had recently. The latest report provided is dated 06/08/12. There is no discussion as to what goals are to be achieved. Recommendation is for denial of physical therapy.