

Case Number:	CM14-0091269		
Date Assigned:	07/25/2014	Date of Injury:	05/25/2012
Decision Date:	10/01/2014	UR Denial Date:	05/26/2014
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 & Rehabilitation, has a subspecialty in Pain Medicine, 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 48 year old male who sustained an industrial injury on 5/25/2012. The medical records document the patient has undergone LINT, ESWT, Trigger point impedance imaging. He has been provided NSAIDS. According to the 5/2/2014 ESWT procedure report, the patient had #3 ESWT treatment for diagnoses of lumbar spine disc with radiculopathy. Per the report, he had underwent conservative care such as medications, physical and manipulating therapy, injections, to the lumbar and still has significant residual symptoms. According to the 5/7/2014 PR-2, the patient has neck, upper back, and lower back and right shoulder pain. He denies any new symptoms. Physical examination appears to indicate diminished tingling in right lateral ankle and right lateral calf. There are no other objective findings provided. Diagnoses are cervical spine disc bulge, lumbar spine disc rupture with radiculopathy, thoracic strain, right shoulder internal derangement, and other problems unrelated to current evaluation. Treatment plan includes C/S and L/S epidural injections, shockwave, PT, and acupuncture 1x6 weeks to L/S, T/S, C/S and right shoulder, and specialist consultations. He remains off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1 x week x 6 weeks, Cervical, Thoracic, Lumbar Spine and Right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical therapy, Neck and Upper Back, Lumbar and Thoracic, Low Back, Shoulder

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

Decision rationale: The patient is more than 2 years post date of injury. The medical records indicate the patient has undergone physical therapy. There is no documentation regarding the number of sessions completed to date, when last attended and his response to rendered care. Objective functional improvement with prior therapy is not established. In addition, there is no evidence of significant findings on objective examination or indication that he presents with a new injury or exacerbation. The CA MTUS guidelines state patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. In absence of clear findings of clinically significant functional deficits such as to establish an exacerbation unresponsive to self-care measures, additional supervised therapy is not supported. The medical necessity of physical therapy has not been established. The request is not medically necessary.