

Case Number:	CM14-0098381		
Date Assigned:	07/28/2014	Date of Injury:	12/16/2009
Decision Date:	09/22/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/26/2014

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 52-year-old male with a date of injury of 12/16/2009. The listed diagnoses per [REDACTED] are: Lumbosacral musculoligamentous strain/sprain, lumbosacral spine discogenic disease, per MRI dated 01/23/2012, right shoulder sprain/strain, right shoulder tendinopathy., right shoulder impingement syndrome, right rotator cuff tear, hypertension, gastritis, sleep disturbance secondary to pain, depression/anxiety. According to progress report 05/08/2014, the patient complains of lower back pain and right shoulder/arm pain. The patient rates the lower back pain as 8/10 and right shoulder/arm pain as 8/10. Examination of the lumbar spine revealed grade 2 tenderness to palpation over the paraspinal muscles and restricted range of motion. Heel walking test is positive on the right. Examination of the right shoulder revealed grade 2 tenderness to palpation with restricted range of motion and positive impingement and supraspinatus test. Under treatment plan, provider states the patient is prescribed physical therapy for the lumbar spine and right shoulder 2 times a week for 6 weeks. Utilization review denied the request on 06/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outside Facility Physical Therapy for Lumbar Spine And Right Shoulder 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: This patient presents with low back and right shoulder/arm pain. Review of the medical file includes progress reports from 12/05/2013 to 05/08/2014. On 01/13/2014, treater recommended 12 sessions of physical therapy. Report 02/13/2014 states patient is to "continue physical therapy 2 times a week for 6 weeks." Report 03/27/2014 and 05/08/2014 both requests physical therapy 2 times a week for 6 weeks. There are no physical therapy progress reports. It is unclear whether the patient has participated in these recommended physical therapy sessions. For physical medicine, the MTUS Guidelines pages 98 and 99 recommend, for myalgia-, myositis-type symptoms, 9 to 10 sessions over 8 weeks. In this case, the treater's request for 12 physical therapy sessions exceeds what is recommended by MTUS. Recommendation is for denial.