

Case Number:	CM14-0098872		
Date Assigned:	07/28/2014	Date of Injury:	02/14/2003
Decision Date:	08/29/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/27/2014

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 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 underlying date of injury in this case is 02/14/2003. The patient's diagnoses include left shoulder rotator cuff tendinitis, neck pain, cervical radiculopathy, and cervical spine degenerative disc disease. On 05/28/2014, a PR-2 report notes that the patient complained of ongoing pain in his upper shoulders, left greater than right, and on exam the patient had tenderness in the cervical spine and paraspinals. The treatment plan included a Lidoderm Patch for pain to the patient's neck and shoulder girdle muscles as well as 12 visits of physical therapy to address back pain, with the notation this had been effective in the past and helped the patient avoid the need for narcotics or stronger pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times a week for 4 weeks to the Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on physical medicine, recommend allowing for fading of

treatment frequency plus active self-directed home physical medicine. In this chronic situation, the guidelines anticipate that the patient would previously have transitioned to an independent home rehabilitation program. Additionally, the records emphasize cervical spine symptoms; and it is not clear why the patient would be felt to require lumbar physical therapy at this time. The medical records refer to the requested physical therapy to the "back"; it is unclear if that references treatment to the lumbar spine or lower back in this case or perhaps if that refers to the upper back or neck where the patient's symptoms have largely been noted. Overall, this current request for physical therapy to the lumbar spine is not supported by the medical records and guidelines. This request is not medically necessary.