

Case Number:	CM14-0106204		
Date Assigned:	07/30/2014	Date of Injury:	07/26/2013
Decision Date:	02/12/2015	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/09/2014

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 Occupational 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:

This individual is a 78 y/o male who developed increased shoulder and low back pain subsequent to an injury dated 7/26/13. He has been diagnosed with advanced shoulder osteoarthritis and low back pain with sciatica. MRI study of the low back revealed advanced spondylosis with multilevel foraminal stenosis and severe central stenosis at the L3-4 level. He completed 12 sessions of physical therapy with improvement in his pain and function. He had a mild flare due to a fall. Continuation with another 12 sessions of therapy was requested. No updated exam of the low back is documented. Physical therapy notes document leg weakness. No bowel or bladder dysfunction is documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xwk x 6wks Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy.

Decision rationale: MTUS Guidelines recommend between 8-10 sessions of physical therapy as adequate for this individual's condition. ODG also address this condition and recommends between 10-12 sessions as adequate for sciatica or spinal stenosis. This individual has recently completed 12 sessions of therapy; there are no unusual circumstances to justify the request for a full additional 12 sessions of physical therapy. The request for an additional 2 x 6 weeks of therapy is not medically necessary.