

Case Number:	CM14-0183724		
Date Assigned:	11/10/2014	Date of Injury:	08/20/2013
Decision Date:	02/10/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/04/2014

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 Orthopedic Surgery 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 injured worker is a female, who was injured on August 20, 2013, while performing regular work duties. The records indicate the injured worker is not working. The mechanism of injury is from putting a 50 pound box on top of a shelf. Physical findings on May 28, 2014 by the primary treating physician are noted as tenderness at L5-S1 of the lumbar spine. The progress report on May 28, 2014, indicates a magnetic resonance imaging of the lumbar reveals disc protrusion. The date of the magnetic resonance imaging of the lumbar is not noted, and the result is not available for this review. The injured worker underwent right shoulder surgery on June 19, 2014. An evaluation on September 15, 2014, indicates physical findings of the lumbar spine are tenderness with limited flexion, and that the injured worker has been receiving physical therapy for the right shoulder and lower back. A physical therapy note on September 19, 2014, indicates the injured worker feels therapy is helping. On October 13, 2014, it is indicated that physical therapy for the right shoulder and lower back has been completed, and an extension is being requested. The records do not indicate continuation of a home exercise program. The records do not indicate the results of physical therapy for the lumbar spine. The request for authorization is for physical therapy two (2) times weekly for four (4) weeks, for the lumbar spine. The primary diagnosis is spondylolisthesis. On October 29, 2014, Utilization Review non-certified the request for physical therapy two (2) times weekly for four (4) weeks, for the lumbar spine, based on MTUS, and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Physical Therapy Guidelines

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

Decision rationale: The CA MTUS/Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98-99 recommend the following for non-surgical musculoskeletal conditions, Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks In this case there is lack of functional improvement demonstrated in the exam note of 10/13/14 from prior visits. Therefore the determination is not medically necessary.