

Case Number:	CM14-0187225		
Date Assigned:	11/17/2014	Date of Injury:	03/09/2011
Decision Date:	01/06/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/10/2014

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:

This patient is a 53 year old male with a date of injury of 3/9/11. The listed diagnoses are adhesive capsulitis of shoulder, displacement lumbar disc w/o myelopathy and lumbago. According to progress report 6/9/14, the patient presents with continued low back pain and right shoulder weakness. The patient had completed 6 physical therapy sessions "which provided her adequate relief in restoring patient back to her baseline." She is utilizing Tylenol as needed for pain. Examination of the lumbar spine revealed trigger points and myofascial tenderness in the right paraspinal region. Lumbar spine flexion was 60 degrees, right rotation 10 degrees, and left rotation 10 degrees. The treater states that testing was limited due to guarding and pain. Request is for authorization for additional physical therapy sessions. Utilization review denied the request on 10/14/14. Treatment reports from 3/13/14 through 11/24/14 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy, twice weekly for four weeks, lumbar spine: Upheld

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

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

Decision rationale: This patient presents with continued low back pain and right shoulder weakness. The current request is for additional physical therapy, twice weekly for four weeks lumbar spine. The California Medical Treatment Utilization Schedule (MTUS) Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." Physical therapy progress reports indicate that the patient has participated in 6 PT sessions and has progressed, in terms of sitting longer, increased range of motion (ROM) and increased muscle strength. The treating physician in his progress reports 3/13/14, 6/9/14 and 7/24/14 continually note that the patient is also participating in a home exercise program. The treater does not explain why additional therapy is being requested. There is no discussion of flare-up's, new injury or new symptoms warranting additional treatment and no discussion of why the patient would not be able to continue her home exercise program (HEP). Furthermore, the requested 8 sessions with the 6 already received, exceed what is recommended by MTUS. Treatment is not medically necessary and appropriate.