

Case Number:	CM14-0188451		
Date Assigned:	11/19/2014	Date of Injury:	09/07/2010
Decision Date:	01/07/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/12/2014

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 Internal 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:

The patient is an injured worker with the diagnoses of protrusion left L5-S1 with neural encroachment and radiculopathy, status post remote left shoulder surgery, cervical myofascial pain, and left elbow pain. Disability status is permanent and stationary. Date of injury was 09-07-2010. Physical therapy 15 visits were certified 05-03-2011. The primary treating physician's progress report dated 9/22/14 documented subjective complaints of left shoulder pain, cervical pain, left elbow pain, and low back pain. Medical history included left shoulder surgery. Patient reports heightened function with medication at current dosing with examples provided today. Patient indicates that activities of daily living are maintained with medication including shopping for groceries, very light household duties, preparing food, grooming, bathing. Medication facilitates maintenance of recommended exercise level and healthy activity level, per patient. Several examples of objective improvement with medication on board at current dosing described today including tolerance to activity and improved range of motion. Patient indicates no history of ulcer, hemoptysis, hematochezia, or cardiac history. Objective findings were documented. Tenderness left shoulder was noted. No signs of infection were noted. Range of motion remains limited. Tenderness cervical spine was noted. Cervical range of motion measurements were flexion 50 percent of normal, extension 40 percent of normal, left and right rotation 50 percent of normal, left and right lateral tilt 40 percent of normal. Exam otherwise unchanged. Diagnoses were protrusion left L5-S1 with neural encroachment and radiculopathy, status post remote left shoulder surgery, cervical myofascial pain, and left elbow pain. Disability status is permanent and stationary. Physical therapy for the left shoulder, cervical spine, left elbow was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions, neck, left shoulder and elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Medical records document a date of injury of 09-07-2010 with certification of past PT physical therapy treatments. The primary treating physician's progress report dated 9/22/14 documented a request for 12 visits of PT physical therapy, without documentation of functional improvement with past PT physical therapy treatments. MTUS guidelines allow for up to 10 physical therapy visits. The request for 12 physical therapy treatments, without documentation of functional improvement with past PT treatments, is not supported. Therefore, the request for 12 physical therapy sessions, neck, left shoulder and elbow is not medically necessary.