

Case Number:	CM14-0190614		
Date Assigned:	11/24/2014	Date of Injury:	04/17/2014
Decision Date:	01/09/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/14/2014

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 Family 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 is a 30 years old male patient who sustained an injury on 4/17/2014. The current diagnoses include cervical sprain, lumbar sprain and pain in joint involving shoulder region. He sustained the injury while moving large heavy weight barrel. Per the doctor's note dated 10/30/14, he had complaints of neck pain, back pain and shoulder pain. Physical examination revealed cervical spine- mild tenderness and decreased range of motion in left axial rotation and left lateral bending; 4/5 strength of bilateral finger extension, wrist flexion and extension; normal reflexes and intact sensation; left shoulder- decreased range of motion in flexion, abduction and external rotation; decreased lumbar range of motion. The medication list includes Naproxen, Cyclobenzaprine, Methocarbamol, Lisinopril, Simvastatin, Januvia and Metformin. He has had lumbar MRI dated 6/3/14 which revealed 4.3mm disc protrusion at L5-S1 with spinal canal and bilateral neural foraminal narrowing. He has had 25 physical therapy visits that includes TENS and massage, 6 chiropractic visits, 6 shock-wave therapy visits and acupuncture visits for this injury. He has had a urine drug screen on 5/15/14 with negative results.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x3 for the cervical spine, lumbar spine and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy

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

Decision rationale: The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. He has had 25 physical therapy visits that include TENS and massage, 6 chiropractic visits, 6 shock-wave therapy visits and acupuncture visits for this injury. The requested additional visits in addition to the previously rendered physical therapy sessions are more than recommended by the cited criteria. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visits notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical therapy 2x3 for the cervical spine, lumbar spine and left shoulder is not established for this patient at this time.