

Case Number:	CM14-0197648		
Date Assigned:	12/05/2014	Date of Injury:	08/20/2013
Decision Date:	02/09/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/25/2014

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 Rehab, 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:

The patient is a 40-year-old female with a date of injury of 08/20/2013. According to progress report dated 10/15/2014, the patient presents with right shoulder and low back pain. The patient describes pain as moderate and radiates up to the head and neck. Patient is currently taking tramadol for pain. Physical examination revealed on the right shoulder, flexion is 140 degrees and abduction is 130 degrees. External rotation is 30 degrees and motor strength is 4+ in flexion, external rotation and abduction. The lumbar spine was noted as "tender with limited motion." The listed diagnoses are: 1. Chronic pain impingement, right shoulder, status post SAD and Mumford on 06/19/2014. 2. Chronic low back pain. 3. Status post mechanical fall, 08/22/2013 with chronic low back pain. 4. Status post lumbar steroid injection with no improvement. 5. Right elbow lateral epicondylitis. The patient is temporarily totally disabled until 10/13/2014. Treatment plan is for patient to "complete therapy and the therapist recommended extension of therapy.." The request is for extension of therapy at Rancho, 2 times per week for 4 weeks for the right shoulder and the lumbar spine. Utilization review denied the request on 11/11/2014. Treatment reports from 04/30/2014 through 10/13/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for four weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: This patient presents with low back and right shoulder pain. The current request is for physical therapy 3 times a week for 4 weeks for the lumbar spine. For physical medicine, the MTUS guidelines pages 98 and 99 recommend for myalgia and myositis type symptoms 9-10 sessions over 8 weeks. The utilization review denied the request stating that functional deficits on exams do not indicate that the patient requires additional physical therapy. The utilization review letter notes that the patient has completed visit No. 11 on 09/19/2014. Physical therapy progress notes are not provided for review and the objective responses to therapy were not documented in the medical reports submitted for this request. In this case, the patient has completed 11 physical therapy visits thus far and the treating physician's request for 12 additional sessions exceeds what is recommended by MTUS. In addition, there is no rationale as to why the patient is not able to transition into a self-directed home exercise program and there is no report of new injury, new surgery or new diagnosis that could substantiate the current request. The requested physical therapy is not medically necessary.