

Case Number:	CM14-0198159		
Date Assigned:	12/08/2014	Date of Injury:	08/01/2011
Decision Date:	01/20/2015	UR Denial Date:	11/14/2014
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 Family Practice 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 63 year old female with a date of injury as 08/01/2011. The cause of the injury was related to a fall resulting in an injury to her lumbar spine. The current diagnoses included status post left shoulder arthroscopy, rotator cuff repair, sub-acromial decompression on 09/05/2012, left shoulder scapular dyskinesia, right shoulder rotator cuff tendinosis and impingement, lumbosacral spine degenerative disk disease with lower extremity radiculopathy, and status post right knee arthroscopy, partial medial meniscectomy and chondroplasty on 06/05/2013. Primary treating physician's reports dated 08/07/2014, 09/22/2014, and 11/13/2014, surgical consultation reports dated 09/30/2014 and 11/06/2014, and a MRI of the lumbar spine report dated 10/16/2014 were included in the documentation submitted for review. A progress note on 9/30/14 indicated the claimant had no prior treatments for her back. Primary treating physician report dated 11/13/2014 noted that the injured worker presented with complaints that included pain and discomfort in her lower back and reported that she has seen the spine surgeon. Physical examination revealed decreased ROM in the left shoulder, decreased retraction of her scapula with ROM, tenderness to palpation along the medial border of her scapula, mild discomfort with supraspinatus testing, mild discomfort with impingement testing. Right shoulder examination revealed discomfort with impingement testing, supraspinatus testing and O'Brien testing. It was also noted that the injured worker complains of pain in her back with ROM. The physician documented that an MRI of the right shoulder performed on 05/17/2014 showed an intrasubstance tear of her supraspinatus and infraspinatus tendons and MRI of the lumbar spine performed 11/16/2012 showed degenerative disk disease at L5-S1 with disc protrusion and moderate bilateral hypertrophy and disc desiccation, of note these reports were not included in the submitted documentation. MRI of the lumbar spine report from 10/16/2014 showed no significant change when compared to the one performed on 11/16/2012. The physician

recommended physical therapy for her left shoulder and low back complaints. Surgical consultation on 11/06/2014 notes that the injured worker presented for evaluation of low back pain with radiation to the left lower extremity with some numbness and tingling. Recommendations were made for physical therapy and acupuncture, and possible injection but the injured worker declined. The injured worker is on modified work restrictions. The utilization review performed on 11/14/2014 non-certified a prescription for physical therapy for the lumbar spine, 8 visits (2 x per week x 4 weeks) based on the available information provided. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine 8 visits (2 x week x 4 weeks): Overturned

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

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

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks In this case, there is no notation of prior physical therapy. The amount of sessions is within the guideline recommendations. Due to the claimant's symptoms and diagnoses, physical therapy is appropriate and medically necessary for the 8 sessions requested.