

Case Number:	CM14-0202153		
Date Assigned:	12/12/2014	Date of Injury:	10/15/1990
Decision Date:	01/30/2015	UR Denial Date:	11/22/2014
Priority:	Standard	Application Received:	12/03/2014

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 Occupational 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 injured worker is a 57 year old male with a date of injury of 10/15/1990. The current diagnoses include bilateral shoulder impingement syndrome, subacromial bursitis bilateral shoulders, osteoarthritis, and bilateral sciatica. Previous treatments include oral medications, topical medications, home exercise program, and physical therapy. Report dated 10/27/2014 noted that the injured worker presented with complaints that included left sciatic flare-up, low back pain that radiates down into the left leg, and bilateral leg weakness. Physical examination revealed tenderness in the subacromial bursa, painful arc, positive impingement, and tenderness in the left lumbar spine. Prior treatment has included physical therapy, but number of sessions were not specified. The utilization review dated 11/22/2014 non-certified a prescription for physical therapy 18 visits for the bilateral shoulders and lumbar spine based on no information from the past physical therapy treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Physical Therapy Visits for the Bilateral Shoulders and Lumbar Spine: Upheld

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

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

Disability Guidelines (ODG), Shoulder (Acute & Chronic), Physical Therapy, ODG Preface - Physical Therapy, Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Official Disability Guidelines quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. Official Disability Guidelines further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Regarding the shoulder, Official Disability Guidelines states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. Medical records indicate prior physical therapy treatment, but the number of sessions are unknown. Additionally, the physical therapy notes or medical notes that are specific to the success of the rehabilitation plan were not detailed in the medical records. Guidelines recommend an initial trial of 6 physical therapy session before consideration of additional treatment sessions. The medical documents do not indicate if the trial session has been completed and what the outcomes were. The request for 18 sessions is in excess of the clinical trial guidelines. Additionally, the medical documents do not note "exceptional factors" that would allow for treatment duration in excess of the guidelines. As such, the request for 18 physical therapy visits for the bilateral shoulders and lumbar spine is not medically necessary.