

Case Number:	CM14-0204408		
Date Assigned:	12/16/2014	Date of Injury:	02/05/2013
Decision Date:	02/10/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/08/2014

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 Pain 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 58 year old female who sustained a work related injury on 02/04/2013. While working as a special education teacher the injured worker stated she was in her classroom when unexpectedly a student yanked her right arm, as a result she developed increase pain at the right shoulder and lower back. She underwent arthroscopic subacromial decompression and arthroscopic rotator cuff, right shoulder 03/15/2013 and left total hip replacement 11/11/2013 and right total hip replacement 03/03/2014. Diagnoses consist of severe and persistent left sided back and buttocks pain in the setting of left sacroiliac joint dysfunction and sacroilitis, stenosis, right shoulder impingement syndrome with rotator cuff tear, full thickness, and right forearm and hand and wrist strain, lumbago and sciatica. Treatments have included medication, physical therapy, x-rays, epidural steroid injections and home exercises. Physician progress (orthopedics) report (PR2) dated 11/16/2014 the physician documented that the injured worker continues with compliant of low back pain and the examination revealed no change. Work duty status was modified duty. This is a request for decision for Physical Therapy continue for six sessions in treatment of the lower back Quantity: 6, reason for the request due to increasing pain. On 11/21/2014 Utilization Review non-certified the request for the Physical Therapy continue for six sessions in treatment of the lower back Quantity:6.; the injured worker complains of ongoing low back pain almost 2 years after injury; a total of 10 PT sessions have previously been authorized for treatment; there is no report of any unusual circumstances in this case; the treating physician did not document any lumbar range of motion or strength deficits. Therefore, the Physical Therapy continue for six sessions in treatment of the lower back Quantity: 6, was recommended for non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for treatment of the lower back Quantity: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 12.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 OF 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends a maximum of 12 therapy visits for lumbar radiculitis, 9 visits for low back pain, and 10 visits for inter vertebral disc disorders. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the patient has already received the maximum amount of PT recommended by the CA MTUS for his diagnoses, and there is no documentation of any complications or intervening injuries. In light of the above issues, the currently requested additional physical therapy is not medically necessary.