

Case Number:	CM14-0205579		
Date Assigned:	12/17/2014	Date of Injury:	12/15/1989
Decision Date:	02/28/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old male with an injury date of 12/15/89. The 11/03/14 report states that the patient presents with a follow up appointment pending surgical authorization (unspecified.) The right shoulder was dislocated while abducting the shoulder in an MRI scanner. The patient is working full time. 11/03/14 examination shows diminished sensation to light touch of the left medial aspect of the foot. The patient's diagnoses include: 1. Spinal stenosis, lumbar with "neurogen claud" 2. Acquired spondylolisthesis 3. Degenerative lumbar intervertebral disc. She has completed a physical therapy extension which was helpful especially with stretching. The last ESI worsened pain (date unspecified). The patient has a medical history of Bells Palsy with recent occurrence on the left side of the face. She was given temporary steroid therapy. Medications on 11/03/14 are listed as: Anaprox, Prilosec, Soma, Cyclobenzaprine, Ibuprofen and Medrol Pak. The 12/08/14 report states the patient is only taking Naproxen. The utilization review is dated 11/10/14. Reports were provided for review from 05/12/14 to 12/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy (x12): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with a dislocated right shoulder and pending surgical authorization (unspecified) with diagnoses of spinal stenosis, lumbar, and degenerative lumbar intervertebral disc. The current request is for Additional Physical Therapy (x12) per the 11/14/14 RFA and 11/03/14 report. The RFA states this request is 2x6. MTUS pages 98, 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. There is no evidence the patient is within a post-surgical treatment period. The 11/03/14 report states "lumbar PT" is recommended. The patient is a surgical candidate presumably for lumbar. Reports show the patient has received prior physical therapy that was helpful and the 08/04/14 report states the patient does home exercises prior to going to work. No physical therapy treatment reports are provided for review, and the treating physician does not document the number of prior therapy sessions received. The 11/10/14 utilization review states physical therapy x 4 was authorized on 02/20/14 and up to 12 sessions was authorized prior to December 2013. In this case, the treating physician does not explain why additional therapy is needed at this time or why the home exercises are not adequate. There is no objective documentation of the benefit of prior physical therapy sessions. There is no evidence that surgery has been authorized or that this is a prospective request for post-surgical treatment. Furthermore, the 12 sessions requested exceed what is allowed per guidelines. The request IS NOT medically necessary.