

Case Number:	CM14-0206714		
Date Assigned:	12/18/2014	Date of Injury:	11/09/2010
Decision Date:	02/09/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/10/2014

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 Rehabilitation, 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 49 year-old male with an 11/09/2010 date of injury. On 11/25/14, Utilization Review denied a request for physical therapy 2x4 for the low back and hip. According to the 11/13/14 medical report, the patient presents with shoulder and lower back pain. There was tenderness and decreased spine flexion and extension. The diagnoses included: enthesopathy of hip; pain in joint, pelvis region and thigh; sprain of sacroiliac ligament; lateral epicondylitis; rotator cuff syndrome; myalgia; bicipital tenosynovitis; enthesopathy of knee; carpal tunnel syndrome; and ulnar neuropathy. The treatment plan was for additional PT 2x4 for the lower back and hip. On 10/16/14 the patient underwent trigger point injections and the physician requested PT 2x4 for the shoulders and sit/stand MRI for the lumbar spine. The 8/7/14 report shows the physician injecting the piriformis and quadratus lumborum muscles, and the back program was reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for four weeks for the lower back and hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Physical Medicine Page(s): 9; 98-99.

Decision rationale: The patient has chronic low back and shoulder pain. There are 6 medical reports available for review from 5/15/14 to 11/26/14. The medical reports show the patient did not want to use medications but received injections and physical therapy to the low back or shoulder regions. The total number of physical therapy sessions provided for the low back was not provided for this review. The 8/7/14 report states the physician reviewed the patient's back program, but there is no mention of functional improvement. The patient was reported to have increased lower back pain. MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine section, pages 98-99 states that 8-10 sessions of therapy are indicated for various myalgias or neuralgias. MTUS Chronic Pain Medical Treatment Guidelines, pg 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement" The patient has had physical therapy for the lower back, but there is no discussion of functional improvement. MTUS does not recommend continued treatment without functional improvement. The request for Physical therapy twice a week for four weeks for the lower back and hip IS NOT medically necessary.