

Case Number:	CM14-0207792		
Date Assigned:	12/19/2014	Date of Injury:	08/21/2012
Decision Date:	02/18/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/11/2014

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and low back pain reportedly associated with an industrial injury of August 21, 2012. In a utilization review report dated December 10, 2014, the claims administrator failed to approve a request for eight sessions of physical therapy for the lumbar spine. The claims administrator noted that the applicant had undergone both left and right shoulder surgery. The claims administrator suggested that the applicant was still off of work, on total temporary disability. The claims administrator referenced a progress note of November 26, 2014 in its determination. The applicant's attorney subsequently appealed. In a progress note dated June 11, 2014, the applicant reported persistent complaints of shoulder pain seven weeks removed from earlier shoulder surgery. A rather proscriptive 5-pound lifting limitation was endorsed on that date. It is not clearly stated whether the applicant was or was not working as a police officer with said limitation in place. In a medical-legal evaluation dated August 26, 2014, the applicant reported ongoing complaints of low back and bilateral shoulder pain, 7/10 to 9/10. The applicant stated that he is having some difficulty running errands, getting up and out of a chair, brushing his teeth, prolonged driving, and performing a variety of other activities. The applicant acknowledged that he was not working and had not worked since March 2014. In a progress note dated November 26, 2014, the applicant reported persistent complaints of left shoulder and low back pain. Motrin, additional physical therapy, and a 15-pound lifting limitation were endorsed. Once again, it was not clearly outlined whether the applicant was or was not working. In a

physical therapy reevaluation dated October 28, 2014, the applicant's treating therapist stated that the applicant remained off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy Sessions for the Lumbar Spine (2x4) (Progressive Rehab): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Section; Physical Medicine Topic Page.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, the diagnosis reportedly present here, this recommendation is, furthermore, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, the fact that the applicant was/is off of work, on total temporary disability, suggests a lack of functional improvement as defined in MTUS 9792.20(f), despite completion of earlier physical therapy already in line or in excess of MTUS parameters. Therefore, the request was not medically necessary.