

Case Number:	CM14-0210841		
Date Assigned:	12/23/2014	Date of Injury:	07/06/2009
Decision Date:	02/17/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/16/2014

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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 38 year old male who was injured on 7/6/2009. He was diagnosed with cervicgia, right rotator cuff syndrome, right shoulder acromioclavicular arthrosis, cervical strain, and cervical disc disease. He was treated with surgery (clavicle), physical therapy, and medications which helped reduce his persistent chronic pain. On 11/25/14, the worker was seen by his primary treating physician reporting cervical spine pain (rated 8/10 on the pain scale), lumbar spine pain (rated 5/10 on the pain scale) with radiation to right leg, bilateral shoulder pain (rated 4/10 on the pain scale), and bilateral hip pain (rated 5/10 on the pain scale). Physical findings included tenderness of the cervical and upper back area and right shoulder with positive Hawkins' and Neer's impingement signs on the right shoulder. He was then recommended additional physical therapy for his cervical spine as well as for his low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy Sessions, twice a week for four week for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Physical therapy in the form of passive therapy for the lower back is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, it is not clear upon review of the documents provided if the lumbar pain reported was related to the injury from 2009 as it was not listed in the diagnoses addressed. Physical therapy was completed, although it was also not clear whether this was for the neck or shoulder or low back. Regardless, there insufficient evidence found in the documents provided to show benefit from previous supervised therapy (if this is a request to do additional sessions for the lower back). If this was a first time request for lumbar physical therapy, there was insufficient explanation as to why it was not completed years prior around the time of the injury. Therefore, regardless, it is likely that the worker is able to perform home exercises at this point, and there was no evidence to suggest this was not possible with this worker. Therefore, the lumbar physical therapy will be considered medically unnecessary.