

Case Number:	CM15-0135620		
Date Assigned:	07/23/2015	Date of Injury:	01/22/2007
Decision Date:	08/20/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/14/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 39 year old female, who sustained an industrial injury on 1/22/07. The injured worker has complaints of headaches, neck pain, both shoulders pain, both forearm/wrist/hands pain, lower back pain and right leg pain. The documentation noted palpable tenderness at left cervical dorsal, upper thoracic, right cervical dorsal, right cervical, cervical, left cervical, left lumbar, left sacroiliac, sacral, right sacroiliac and right lumbar. The diagnoses have included intervertebral disc disorder with myelopathy, cervical region. Treatment to date has included magnetic resonance imaging (MRI) of the left shoulder showed evidence of impingement with down sloping of the acromion process impinging on the supraspinatus tendon in the rotator cuff; electromyogram reveals right carpal tunnel syndrome; magnetic resonance imaging (MRI) of the right shoulder showed tear of the supraspinatus tendon at the insertion site, with fluid in the subacromial subdeltoid bursa indicating a full thickness tear; epidural steroid injections; bilateral L4-5 laminectomy in 2008; left wrist tendon re-attachment; physiotherapy and magnetic resonance imaging (MRI) of the lumbar spine showed L4-5 disc space shows a normal signal and stature with no evidence of disc protrusion noted, however there is moderate narrowing of the lateral recesses bilaterally. The request was for physical therapy 2 times a week for 3 weeks for lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 3 weeks for lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 2 times per week times 3 weeks to the lumbar spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical IVD disorder with myelopathy; lumbar IVD disorder with myelopathy; peri- arthritis shoulder; status post lumbar discectomy; synovitis/tenosynovitis. The date of injury is January 22, 2007. Request for authorization is dated June 10, 2015. Injured worker's status post lumbar laminectomy 2008. According to a January 28, 2015 progress note, physical therapy was started but not completed secondary to pain. Additional physical therapy was not addressed secondary to transportation issues. A March 24, 2015 progress note indicates there was no transportation for physical therapy. June 2, 2015 progress states the complaints remain the same and the treating provider wants physical therapy two times per week times three weeks. The number of physical therapy sessions to date is not specified in the medical record. The injured worker has been inconsistent with attending physical therapy. There is no documentation demonstrating objective functional improvement with physical therapy received to date. The guidelines recommend a six visit clinical trial with additional physical therapy based on objective functional improvement. There is no documentation demonstrating objective functional improvement. Consequently, absent clinical documentation addressing objective functional improvement and the total number of physical therapy sessions to date, physical therapy 2 times per week times 3 weeks to the lumbar spine is not medically necessary.