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| Case Number: | CM15-0136518 | | |
| Date Assigned: | 07/24/2015 | Date of Injury: | 12/03/2012 |
| Decision Date: | 08/21/2015 | UR Denial Date: | 06/25/2015 |
| 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 49 year old male patient who sustained an industrial injury on 12/03/2012. A follow up visit dated 06/17/2015 reported the patient with subjective complaint of having low back, left leg, neck and bilateral shoulder pains. He is status post back surgery on 01/14/2015 and states the pain is improving. There is still occasional parasthesia's into the lower extremities. He has completed a second course of physical therapy treating the right shoulder and low back and found it helpful in reducing pain by 30 %; also increased range of motion. He has also undergone right shoulder surgery and continues with home exercise program but wishes additional therapy session. There is pending authorization for left shoulder surgery. He also has been dealing with prostatic issues and saw a specialist on 04/28/2015. He states the current medications help him and consist of: Norco, Naproxen, and Omeprazole. The impression found the patient with lumbar discogenic pain syndrome; left lumbar radiculitis; myofascial pain; degenerative disc disease, lumbar; chronic pain syndrome, and shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Visits for the Bilateral Shoulders and Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 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) Shoulder section, Physical therapy Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 physical therapy visits to the bilateral shoulders and 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 is working diagnoses are lumbar discogenic pain syndrome; left lumbar radiculitis; myofascial pain; degenerative disc disease; chronic pain syndrome; and shoulder pain. The date of injury is December 3, 2012. Request for authorization is dated June 18, 2015. According to a June 17, 2015 progress note, the injured worker completed the second round of physical therapy for the right shoulder and low back area a physical therapy progress note dated June 3, 2015 indicates the injured worker received 15 sessions of physical therapy. According to a June 3, 2015 progress note by the treating provider, into worker has continued numbness and pain with low back pain radiating to the lower extremities. The shoulder pain continues to be a key for the pain scale of 5/10. Objectively, there is minimal tenderness palpation and the remaining objective findings were unremarkable. There are no compelling clinical facts in the medical record indicating additional physical therapy over and above the recommended guidelines is clinically indicated. After 15 physical therapy sessions, the injured worker should be well-versed in the exercise is to engage in a home exercise program. Consequently, absent clinical documentation with compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated, 12 physical therapy visits to the bilateral shoulders and lumbar spine is not medically necessary.