

Case Number:	CM15-0138582		
Date Assigned:	07/28/2015	Date of Injury:	04/24/2013
Decision Date:	08/25/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/17/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 62-year-old male, who sustained an industrial injury on 4/24/2013. He reported shoulder pain after repeatedly lifting heavy objects. The Qualified Medical Evaluation report (4/14/2015) referenced 2 dates of injury, 4/24/2013 to the right shoulder, and 5/07/2014 to the lumbar spine. He reported that during the course of therapy treatment, he sustained injury to the lumbar spine, initially presenting with radiculopathy to the left leg below the knee. The injured worker was diagnosed as having status post right shoulder rotator cuff repair with residual mild shoulder weakness and diminished range of motion, lumbar spine sprain-strain. Treatment to date has included diagnostics, right shoulder surgery, physical therapy, and medications. Currently, the injured worker complains of low back pain, rated 2/10, and right shoulder pain, rated 1/10. He reported aggravation of his right upper extremity condition and electric type pain from the right shoulder all the way down to his right hand. Medications included Naproxen and Prilosec, noting gastric discomfort. Exam of the lumbar spine noted mildly decreased range of motion and moderate tenderness over the L4-5 region. The treatment plan included physical therapy for the lumbar spine, 3x4. It was documented that he was not yet afforded treatment to this anatomical region. His work status was with limitations.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy sessions for the lumbar spine, 3 times a week for 4 weeks: Upheld

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

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

Decision rationale: 12 Physical therapy sessions for the lumbar spine, 3 times a week for 4 weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition and the request exceeds this recommended number. Furthermore, the physical exam findings do not reveal significant deficits that would necessitate 12 supervised PT sessions therefore this request is not medically necessary.