

Case Number:	CM15-0149651		
Date Assigned:	08/12/2015	Date of Injury:	04/02/2014
Decision Date:	09/09/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	08/03/2015

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 was a 35 year old male, who sustained an industrial injury, April 2, 2014. The injured worker previously received the following treatments modified therapy and the injured worker felt better and Ibuprofen. The injured worker was diagnosed with rule out cervical spine and lumbar spine radiculopathy, rule out bilateral shoulder impingement, rule out sprain and strain of the bilateral ankles, insomnia and diabetes mellitus type II. According to progress note of June 17, 2015, the injured worker's chief complaint was low back pain, bilateral shoulders, bilateral ankles and bilateral wrists. The injured worker had modified therapy and was feeling better. The physical exam noted positive MRI of the cervical spine for disc stenosis. There was decreased range of motion to the cervical spine. The shoulder decompression testing was positive. There was decreased range of motion to the lumbar spine with positive impingement testing. The treatment plan included physical therapy for the lumbar spine, bilateral wrists and bilateral ankles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 weeks for the Lumbar Spine, Bilateral Wrists, and Bilateral Ankles:
Upheld

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

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) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times six weeks for the lumbar spine, bilateral wrist and bilateral ankles 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 committee therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are L/S disc protrusion, stenosis; cervical spine sprain strain; bilateral shoulder impingement/tendinitis; and illegible fourth diagnosis. The date of injury is April 2, 2014. Request for authorization is June 23, 2015. According to a June 17 handwritten, illegible progress note, subjectively the injured worker is undergoing therapy and feeling better. The injured worker has low back pain. The remainder of the subjective section is illegible. Objectively, the injured worker had an MRI lumbar spine that shows stenosis. The remainder of the objective section is illegible. There are no physical therapy progress notes in the medical record. The total number of physical therapy sessions to date is not specified in the medical record. The documentation does not demonstrate objective functional improvement from prior physical therapy. There are no compelling clinical facts in the medical record indicating additional physical therapy (over the recommended guidelines) is clinically indicated. Consequently, absent legible clinical documentation indicating total number of physical therapy sessions to date, evidence of objective functional improvement with physical therapy, compelling clinical facts indicating additional physical therapy is warranted, physical therapy two times per week times six weeks for the lumbar spine, bilateral wrist and bilateral ankles is not medically necessary.