

Case Number:	CM15-0161897		
Date Assigned:	08/28/2015	Date of Injury:	09/06/2013
Decision Date:	10/05/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/19/2015

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

Certification(s)/Specialty: Emergency 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 (IW) is a 43 year old male who sustained an industrial injury on 09/06/2013. He reported pain in the neck, mid-upper back, lower back, and right shoulder. The injured worker was diagnosed as having: Cervical musculoligamentous strain-sprain with radiculitis; Rule out cervical spine discogenic disease; Thoracic musculoligamentous strain-sprain; Lumbosacral spine discogenic disease (per MRI dated 03-14-2014); Right shoulder sprain-sprain; Right rotator cuff tear, infraspinatus-supraspinatus tendinitis with acromioclavicular joint osteoarthritis (MRI dated 09/29/2014) and sleep disturbance secondary to pain. Treatment to date has included physical therapy and medications. Currently, the injured worker complains of pain in the neck, mid-upper back, lower back, and right shoulder. On a scale of 0-10, he rates the pain as a 9 in the right shoulder (unchanged), a 9 in the mid-upper back (an increase from 8), and an 8 in the lower back (unchanged). On exam, there is grade 3-4 tenderness to palpation over the paraspinal muscles with a 2-3 palpable spasm. There is restricted range of motion. Cervical compression test is positive. In the thoracic spine, there is grade 3-4 tenderness to palpation over the paraspinal muscles with trigger points noted. In the right shoulder, there is grade 3 tenderness to palpation, which is unchanged since his last visit. The plan is to continue physical therapy as the worker states it is helpful. A request for authorization was submitted for 12 retrospective physical therapy 2 times a week for 6 weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Retrospective Physical Therapy 2 times a week for 6 weeks 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 and 99.

Decision rationale: The requested 12 retrospective physical therapy 2 times a week for 6 weeks for the lumbar spine is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98 and 99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has pain in the neck, mid-upper back, lower back, and right shoulder. On a scale of 0-10, he rates the pain as a 9 in the right shoulder (unchanged), a 9 in the mid-upper back (an increase from 8), and an 8 in the lower back (unchanged). On exam, there is grade 3-4 tenderness to palpation over the paraspinal muscles with a 2-3 palpable spasm. There is restricted range of motion. Cervical compression test is positive. In the thoracic spine, there is grade 3-4 tenderness to palpation over the paraspinal muscles with trigger points noted. In the right shoulder, there is grade 3 tenderness to palpation, which is unchanged since his last visit. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, 12 retrospective physical therapy 2 times a week for 6 weeks for the lumbar spine is not medically necessary.