

Case Number:	CM15-0163884		
Date Assigned:	09/01/2015	Date of Injury:	11/12/1998
Decision Date:	10/06/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/20/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year old male who sustained a work related injury November 12, 1998. According to a primary treating physician's progress report, dated July 17, 2015, the injured worker presented with pain in the neck, lower back, and right shoulder. The neck and lower back pain are rated 10 out of 10 and the right shoulder is rated, 7-8 out of 10. Objective findings included; cervical spine grade 3-4 tenderness to palpation over the paraspinal muscles, with restricted range of motion and positive compression test; lumbar spine-grade 3-4 tenderness over the paraspinal muscles, restricted range of motion and straight leg raise positive bilaterally; right shoulder-grade 3 tenderness (a decrease from previous visit 4) with restricted range of motion and positive impingement, supraspinatus, and Codman's drop arm tests. Diagnoses are cervical spine discogenic disease by history; lumbar spine musculoligamentous sprain, strain with radiculopathy; chronic back pain syndrome; right shoulder sprain, strain, tendinitis, rule out right shoulder rotator cuff tear. Treatment plan included authorized consultation with a spine surgeon, Norco, and retrospective urine toxicology screen. At issue, is the request for authorization for physical therapy for the cervical spine, lumbar spine, and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for C/S, LS, R-shoulder x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Improvement measures Page(s): 98-99, 48.

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

Decision rationale: Records indicate the patient has ongoing complaints of neck, low back and right shoulder pain. The current request is for additional physical therapy for the cervical spine, lumbar spine, right shoulder x 12. The attending physician report dated 7/17/15, page (38b) states the patient is to continue physical therapy of the cervical spine, lumbar spine, and right shoulder, 3 times a week for four weeks. The CA MTUS guideline does recommend continued physical therapy with documented evidence of derived functional benefit. In this case, there is insufficient evidence of symptomatic or functional improvement. Furthermore, records indicate the patient has completed 24 physical therapy sessions since January 2015. This exceeds the 9-10 visits recommended by the CA MTUS guidelines for similar diagnoses. As such, the medical evidence provided for review does not establish medical necessity for an additional 12 physical therapy sessions.