

Case Number:	CM15-0181660		
Date Assigned:	10/28/2015	Date of Injury:	03/28/2015
Decision Date:	12/09/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/15/2015

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 51 year old male who sustained an industrial injury on 3-28-15. The injured worker reported pain in the neck with upper extremity radiation. A review of the medical records indicates that the injured worker is undergoing treatments for cervical spine myofascial pain, right shoulder impingement syndrome and bilateral shoulder pain. Medical records dated 6-24-15 indicate the injured workers "pain increases with prolonged sitting, standing, walking and with bending of his neck and turning of his head." Provider documentation dated 6-24-15 noted the work status as working with modifications. Treatment has included chiropractic treatments, radiographic studies, Nabumetone since at least March of 2015, Acetaminophen since at least March of 2015, Orphenadrine Citrate since at least March of 2015, Ultracet since at least April of 2015, physical therapy, activity modification, heating pad, ice packs, transcutaneous electrical nerve stimulation unit, and acupuncture treatment. Objective findings dated 6-24-15 were notable for cervical spine guarding, tenderness to palpation to cervical paraspinals from C1-C7 with decreased range of motion, tenderness to palpation to the subacromial space in bilateral shoulders, lumbar spine with tenderness to palpation to lumbar paravertebral form L1-S1, myofascial triggering, and decreased range of motion of the lumbar spine. The original utilization review (8-24-15) denied a request for Lumbar physical therapy 2x6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar physical therapy 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar physical therapy two times per week from six weeks 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's working diagnoses are L/S; C/S; bilateral shoulders; and bilateral knees. Date of injury is March 28, 2015. Request for authorization is August 17, 2015. According to a March 28, 2015 physical therapy progress note, the clinical entry reflects visit #6 to the cervical, thoracic and lumbar spine. The documentation indicates there was prior physical therapy. According to the most recent handwritten, illegible progress note by the treating provider dated August 5, 2015, treatment is directed to the lumbar spine and shoulder. Objectively, there is tenderness to palpation at L4 - L5 with spasm. The total number of physical therapy sessions to date is not specified in the medical record. The documentation does not demonstrate objective functional improvement to support ongoing physical therapy. There are no compelling clinical facts indicating additional physical therapy is clinically warranted. Based on clinical information and medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy is warranted, lumbar physical therapy two times per week from six weeks is not medically necessary.