

Case Number:	CM15-0186135		
Date Assigned:	09/28/2015	Date of Injury:	07/06/2009
Decision Date:	11/10/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/22/2015

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 64 year old male, who sustained an industrial injury on July 6, 2009, incurring low back and left shoulder injuries. He was diagnosed with a left shoulder rotator cuff tear, lumbar disc disease, and lumbar radiculopathy. Treatment included physical therapy and home exercise program, transcutaneous electrical stimulation unit, pain medications, surgical lumbar fusion and activity restrictions. Currently, the injured worker complained of left shoulder pain rated 6 out of 10 on a pain scale from 1 to 10, and increased lumbar spine pain rated 8 out of 10. He noted diffuse tenderness over the lumbar muscles. He had limited range of motion with flexion and extension of the lumbar region. He was authorized 20 physical therapy visits for his increased pain and decreased range of motion. He was diagnosed with left sacroiliac joint arthropathy. On December 5, 2014, the injured worker received a hardware block receiving 70% relief for four months. He was recommended for lumbar hardware surgical removal. The treatment plan that was requested for authorization on September 22, 2015, included physical therapy twice a week for the low back. On August 17, 2015, a request for physical therapy for the low back was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 weeks for the low back: 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 and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times four weeks to the low back 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are left shoulder rotator cuff tear; status post lumbar fusion L5-S1; lumbar disc disease; lumbar radiculopathy; and left sacroiliac joint arthropathy. Date of injury is July 6, 2009. Request for authorization is August 10, 2015. According to a July 10, 2015 progress note, subjective complaints include left shoulder pain and lumbar spine pain (8/10). Objectively, there is tenderness to palpation at the lumbar spine with decreased range of motion. Motor function is normal. There are no physical therapy progress notes in the medical record. The utilization review states the injured worker received 20 authorized physical therapy sessions. There are no physical therapy progress notes in the medical record. There is no documentation demonstrating objective functional improvement. The injured worker is engaged in a home exercise program. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, 20 prior authorized physical therapy sessions without evidence of objective functional improvement and no compelling clinical facts indicating additional physical therapy is warranted, physical therapy two times per week times four weeks to the low back is not medically necessary.