

Case Number:	CM15-0188320		
Date Assigned:	09/30/2015	Date of Injury:	10/10/2011
Decision Date:	11/09/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old female with a date of injury on 10-10-2011. The injured worker is undergoing treatment for lumbar and cervical herniated nucleus pulpous, and status post right shoulder surgery in August of 2014. A physician progress note dated 07-29-2015 documents the injured worker has continued discomfort and spasm. There is a positive Spurling's, decreased range of motion, increased trapezius and rhomboid spasm, paraspinal spasm and positive tightness. A physician progress note dated 09-02-2015 documents the injured worker has had improvement from the physical therapy. She would like to continue with the therapy to her right shoulder. She has pain with cervical spine flexion and extension. There is a positive Spurling's and compression tests. There was no physical therapy notes present for this review. Treatment to date has included diagnostic studies, medications, physical therapy, epidural steroid injections, and right shoulder surgery in August of 2014. Several documents within the submitted medical records are difficult to decipher. In a progress note dated 03-12-2015 there is an unofficial report of a Magnetic Resonance Imaging of the lumbar spine which showed multi-level disc protrusions along with foraminal stenosis at the L4-L5 level, on 09-14-2015 Utilization Review non-certified the request for 12 physical therapy sessions for the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Low back - Lumbar & Thoracic (Acute & Chronic) Official Disability Guidelines (ODG), Physical therapy guidelines - Lumbar sprains and strains.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: The claimant sustained a work injury in October 2011 and is being treated for injuries sustained when she fell from a ladder. She had right shoulder arthroscopic surgery in August 2014 with a subacromial decompression and rotator cuff repair followed by 12 post-operative physical therapy treatments with slight benefit and an additional 8 sessions with more improvement. When seen, she wanted to continue therapy for her shoulder. There was normal shoulder range of motion with decreased strength. Impingement testing was negative. There was pain with cervical range of motion and positive Spurling's and compression testing. Additional physical therapy is being requested. After the surgery performed, guidelines recommend up to 24 visits over 14 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy and there is no new injury to the neck or low back. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/ appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for strengthening and range of motion. The number of additional visits requested is in excess of that recommended or what might be needed to revise or reestablish the claimant's home exercise program. The request is not medically necessary.