

Case Number:	CM15-0199735		
Date Assigned:	10/14/2015	Date of Injury:	06/29/2014
Decision Date:	11/25/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/12/2015

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 41 year old male, who sustained an industrial injury on 06-29-2014. The injured worker is currently off work. Medical records indicated that the injured worker is undergoing treatment for cervical facet syndrome, cervical pain, lumbar facet syndrome, low back pain, pain in hand joint, and right shoulder impingement syndrome status post right shoulder arthroscopic subacromial decompression and distal clavicle resection on 08-26-2015. Treatment and diagnostics to date has included chiropractic treatment, physical therapy (completed in 01-2015 per 09-16-2015 progress note with "no improvement in pain or improved range of motion" to low back and right shoulder), MRI of lumbar spine, recent right shoulder surgery, use of lumbar brace, and medications. Recent medications have included Rozerem, Flector patch, Ambien, Norco, and Percocet. After review of progress notes dated 08-19-2015 and 09-16-2015, the injured worker reported upper right back pain with radiation, low back pain, and right shoulder pain. Objective findings included no limitation in range of motion to lumbar spine, tenderness to palpation to lumbar spine paraspinal muscles, negative straight leg raise test, and the injured worker is wearing a lumbar brace. The request for authorization dated 09-23- 2015 requested physical therapy-2 times a week for 6 weeks for a total of 12 visits, MRI of the cervical spine, and referral to spine surgeon for re-evaluation of low back and neck pain. The Utilization Review with a decision date of 09-30-2015 denied the request for physical therapy to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x a week for 6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in June 2014 when he was struck in the upper back and right shoulder by a mattress in a large box, knocking him to the ground. He continues to be treated for upper right back pain radiating to the biceps, low back pain, right shoulder pain, and right thumb numbness over the forearm. The claimant underwent right shoulder surgery in August 2015. Treatments have included prior physical therapy for the lumbar spine completed in January 2015 without reported improvement in pain or range of motion. An MRI of the lumbar spine in February 2015 included findings of an L4/5 disc extrusion. When seen, he had pain rated at 6-9/10. He was having constipation and difficulty sleeping. He was trying chiropractic treatments for pain relief. Physical examination findings included a body mass index over 33. He appeared to be in moderate pain. There was a wide based and antalgic gait without use of an assistive device. There was decreased cervical spine range of motion with paravertebral tenderness and positive right facet loading. There was right lumbar tenderness with positive right facet loading. He was wearing a lumbar brace. There was positive right Yergason testing. There was left biceps groove tenderness. He had right thumb tenderness with swelling and restricted motion. There was decreased right upper extremity strength and sensation. Authorization is being requested for 12 sessions of physical therapy for the lumbar spine. The claimant is being treated for chronic pain with no new injury and has already had physical therapy for the lumbar spine. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was likely to be any more effective than previously. The request is not considered medically necessary.