

Case Number:	CM15-0200633		
Date Assigned:	10/15/2015	Date of Injury:	07/16/2012
Decision Date:	11/30/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/13/2015

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

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 47 year old male, who sustained an industrial injury on 07-16-2012. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lumbar disc displacement, low back pain, and disorders of the bursae and tendons in the shoulder. Medical records (03-02-2015 to 09-24-2015) indicate decreased low back pain with numbness and tingling in both lower extremities, and ongoing right shoulder pain. Pain levels were rated 5-6 out of 10 in severity on a visual analog scale (VAS) for the low back and 7-8 out of 10 for the right shoulder. Activity levels and level of functioning were not specifically addressed. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-24-2015, revealed limited and painful range of motion in the lumbar spine, positive Milgram's and Kemp's tests, hypertonic dorsolumbar musculature bilaterally, limited and painful ROM in the right shoulder, tenderness to palpation over the right rotator cuff, and positive Apley's scratch test. Relevant treatments have included: right shoulder surgery, cortisone injections, epidural steroid injections, acupuncture and physical therapy (PT) with some reported benefit, work restrictions, and pain medications. The request for authorization (09-25-2015) shows that the following therapy was requested: 6 sessions of PT (1x6). The original utilization review (10-02-2015) non-certified the request for 6 sessions of PT (1x6).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy once a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The current request is for PHYSICAL THERAPY ONCE A WEEK FOR SIX WEEKS. Previous treatments have included: right shoulder surgery (2012), cortisone injections, epidural steroid injections, acupuncture and physical therapy, work restrictions, and pain medications. The patient is not working. MTUS, Chronic Pain Medical Treatment Guidelines 2009, under PHYSICAL MEDICINE, pages 98, 99 has the following: Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per report 09/16/15, the patient presents with chronic back and shoulder pain. The physical exam, revealed limited and painful range of motion in the lumbar spine, positive Milgram's and Kemp's tests, hypertonic dorsolumbar musculature bilaterally, limited and painful ROM in the right shoulder, tenderness to palpation over the right rotator cuff, and positive Apley's scratch test. The treater requested PT per recommendations from [REDACTED] (AME) to focus on joint range of motion, soft tissue modalities and core stretching and strengthening. There are no physical therapy reports provided for review. The UR letter dated 10/02/15 states that the patient has had 32 PT sessions thus far. In this case, it appears that the patient has had substantial number of PT sessions, and should be well versed in the exercises. The treater provides no discussion as to why the patient would not be able to participate in a home exercise program. Furthermore, there is no report of new injury, new diagnoses, or new examination findings to substantiate the current request. Therefore, the request IS NOT medically necessary.