

Case Number:	CM15-0208232		
Date Assigned:	10/27/2015	Date of Injury:	09/25/2014
Decision Date:	12/11/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/22/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 worker is being treated for cervical strain and sprain, right shoulder pain, lumbar sprain and strain, cervical and lumbar myofascial pain and right knee arthritis; neck, right shoulder, right arm, right knee, lower back and right leg pain. Subjective: June 24, 2015 he reported ongoing neck, back, right shoulder and knee pains. His low back and right shoulder noted the worst. May 27, 2015 reported complaint of "continued low back greater than neck pain," as well as "right knee, and right shoulder pain." He also describes some pain in the bottom of his feet. Objective: June 24, 2015 noted right shoulder with limited range of motion. He is exquisitely tender over the insertion of the supraspinatus and also biceps tendon. There is a positive speed's test and noted unable to tolerate impingement testing. May 27, 2015 noted, "he has full but painful range of motion in his lumbar spine," sensation to light touch intact, and reflexes WNL. June 30, 2015 noted patient walks with forward neck posture. He has increased cervical and lumbar spine lordosis. SLB poor. Bilateral shoulder and neck flexion pain full and tight; paraspinal tightness; positive SLR, right hamstrings tighter than left. There is note of tenderness to palpation cervical spine, lumbar spine, and right knee. Medications: May 18, 2015, June 24, 2015: Tylenol, Omeprazole and Ibuprofen. Diagnostics: CT of head and spine, MRI of cervical and lumbar spine May 19, 2015. Treatments: steroid injection, aquatic therapy, activity modifications, medications. On September 24, 2015 a request was made for 6 sessions of physical therapy for the lumbar spine that was noncertified by Utilization Review on October 02, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, twice weekly, lumbar spine QTY: 6.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical records provided indicate that this patient was recently approved for aqua therapy. The treating physician has not provided documentation of objective functional improvement with this therapy. As such, the request for Physical therapy, twice weekly, lumbar spine QTY: 6.00 is not medically necessary.