

Case Number:	CM15-0209642		
Date Assigned:	10/28/2015	Date of Injury:	06/25/2008
Decision Date:	12/16/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/25/2015

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, Hawaii

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 52 year old male, who sustained an industrial-work injury on 6-25-08. A review of the medical records indicates that the injured worker is undergoing treatment for low back spinal stenosis and left shoulder capsulitis. Treatment to date has included pain medication Norco, Ibuprofen, Zantac , physical therapy at least 9 sessions, Transcutaneous electrical nerve stimulation (TENS) without benefit, acupuncture without benefit, pool therapy with some improvement, epidural steroid injection (ESI) with no improvement, and other modalities. Magnetic resonance imaging (MRI) of the lumbar spine dated 7-9-14 reveals spondylosis, and mild to moderate foraminal narrowing. Medical records dated 10-2-15 indicate that the injured worker complains of low back pain that increases with prolonged sitting, bilateral shoulder and upper and lower extremity pain. The medical record dated 7-15-15 indicates that the injured worker complains of bilateral shoulder pain that has improved and the pain is intermittent with numbness in the arms and hands. He reports that he is attending physical therapy 3 times a week and it is helping. Per the treating physician report dated 10-2-15 the injured worker has returned to work. The physical exam dated 10-2-15 reveals left shoulder internal rotation 70 degrees. The lumbar spine reveals decreased range of motion. The requested service included Physical Therapy 3 times a week for 3 weeks for the left shoulder and low back. The original Utilization review dated 10-19-15 modified the request for Physical Therapy 3 times a week for 3 weeks for the left shoulder and low back modified to 1 session of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x3 weeks for the left shoulder and low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The patient presents with pain affecting the left shoulder and low back. The current request is for Physical Therapy 3x3 weeks for the left shoulder and low back. The treating physician report dated 7/15/15 states, "Continue and complete physical therapy." The report goes on to state, "A physical therapy program provided recently was stopped by the patient when he had a flare up of symptoms." The UR report dated 10/19/15 notes that the patient has completed at least 9 sessions of physical therapy previously. MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received at least 9 sessions of physical therapy previously. The patient's status is not post-surgical. In this case, the patient has received at least 9 sessions of physical therapy to date and therefore the current request of 9 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.