

Case Number:	CM15-0025101		
Date Assigned:	02/17/2015	Date of Injury:	10/26/2007
Decision Date:	03/31/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/10/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 54 year old male injured worker suffered and industrial injury on 10/26/2007. The diagnoses were cervical and lumbosacral spondylosis, cervicgia, chronic back pain, lumbosacral neuritis, right shoulder impingement syndrome, contraction of the shoulder with adhesion and brachial neuritis. The treatments were medications and right shoulder arthroscopy 8/22/2013. The treating provider reported constant neck and back pain. On exam there was tenderness and reduced range of motion to the lumbar spine. Patient has received an unspecified number of PT visits for this injury. Per the doctor's note dated 2/5/15 patient had complaints of neck and back pain at 7/10. Physical examination of the neck and back revealed tenderness on palpation, negative SLR. The medication list include Oxycodone. Physical examination of the lumbar spine on 10/17/14 revealed muscle spasm, limited range of motion, 4/5 strength and tenderness on palpation. Physical examination of the right shoulder on 10/17/14 revealed tenderness on palpation and limited range of motion. The patient has had X-ray of the low back that revealed mild osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4 right shoulder, lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

Decision rationale: Request: Physical Therapy 3x4 right shoulder, lumbar. The guidelines cited below state, allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. There was no objective documented evidence of any significant functional deficits that could be benefitted with additional PT. Per the guidelines cited, Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Physical Therapy 3x4 right shoulder, lumbar is not fully established for this patient.