

Case Number:	CM15-0027256		
Date Assigned:	02/19/2015	Date of Injury:	02/12/2014
Decision Date:	03/30/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/12/2015

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: Ohio, North Carolina, Virginia
 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 injured worker is a 53 year old male, who sustained an industrial injury on 02/12/2014. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include right shoulder internal derangement, degenerative disc disease with associated facet arthropathy of lumbosacral spine, and radiculopathy to the left lower extremity. Treatment to date has included physical therapy, medication regimen, x-rays of the right shoulder and lumbar spine, and magnetic resonance imaging of the lumbosacral spine. In a progress note dated 12/17/2014 the treating provider reports dull, achy, post-operative right shoulder pain along with numbness to the cubital fossa and hand, and constant low back pain that radiates into the left lower extremity with weakness, numbness and tingling. The treating physician requested additional physical therapy noting the injured worker has most relief from this treatment and continuing physical therapy will help improve the injured worker's strength, range of motion, and assist in decreasing the dependency on medications. On 01/21/2015 Utilization Review non-certified the requested treatment of six additional sessions of physical therapy two times a week for three weeks to the lumbar spine, noting the California Medical Treatment Utilization Schedule.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the lumbar spine, 2 times a week for 3 weeks; 6 sessions:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines. Preface and Low back chapters. Physical therapy sections.

Decision rationale: The Official Disability Guidelines allow for 10-12 physical therapy visits over 8 weeks for sciatica. After a 6 visit clinical trial, there should be an assessment to see if the therapy is helping as an aide in determining if more therapy is warranted. The injured worker appears to have been through at least 2 rounds of physical therapy for the low back in the last calendar year. An orthopedic note from 12-17-2014 states that the recent physical therapy had been of no benefit. The injured worker is thought to have lumbar facet disease and lumbar radiculopathy. It is felt he will need lumbar epidural steroid injections and possibly surgery. His condition has worsened in spite of two rounds of physical therapy as evidenced by the recent addition of opioids to his regimen and the consideration for procedural intervention. Very few back-specific physical therapy notes were included for review, not enough to base judgments upon. Therefore, additional physical therapy for the lumbar spine, 2 times a week for 3 weeks; 6 sessions, is not medically necessary.