

Case Number:	CM15-0033327		
Date Assigned:	02/26/2015	Date of Injury:	06/22/2014
Decision Date:	04/21/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/23/2015

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: 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 36 year old male, who sustained an industrial injury on 6/22/2014. The diagnoses have included lumbar spine sprain, left shoulder impingement and C5-C6 radiculopathy per electromyography (EMG). Treatment to date has included physical therapy (six visits) and medication. According to the doctor's first report of occupational injury or illness dated 1/22/2015, the injured worker complained of back pain and left shoulder pain. Physical exam revealed tender to coracoid process on the left and tender to paravertebral muscles with pain and spasm with extension. Authorization was requested for eight sessions of physical therapy. On 2/3/2015, Utilization Review (UR) non-certified a request for physical therapy two times a week for four weeks of lumbar and left shoulder. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 4 weeks of Lumbar, Left Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: This patient receives treatment for chronic low back pain and L shoulder pain. These problems began with a work-related injury on 06/22/2014. The medical diagnoses include lumbar sprain and L shoulder impingement. A L shoulder MRI shows an incomplete rotator cuff tear. The patient received 6 sessions of physical therapy already. The treatment guidelines consider physical therapy to be a form of passive therapy. As such, physical therapy is meant to provide a reduction in inflammation in the early phases of healing. These sessions are designed to be faded and replaced by a series of active treatments in the home. The patient ought to be at this phase of treatment and ought to be performing these exercises in the home. There are no new work-related injuries nor any post-operative conditions that would require more physical therapy at this time. Physical therapy sessions are not medically indicated.