

Case Number:	CM15-0033344		
Date Assigned:	02/26/2015	Date of Injury:	11/15/2008
Decision Date:	04/13/2015	UR Denial Date:	02/16/2015
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: 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 53 year old female, who sustained an industrial injury on 11/15/2008. She has reported shoulder and back pain from repetitive motion. The diagnoses have included chronic cervical and lumbar strain, with radicular complaints, and left shoulder rotator cuff tendinitis/bursitis. The Magnetic Resonance Imaging (MRI) from 1/9/15 was significant for L5-S1 disc herniation with annular tear without stenosis. Treatment to date has included medication therapy, physical therapy and aquatic therapy. Currently, the IW complains of pain in the back and shoulder radiating to bilateral legs and right arm. The physical examination from 1/30/15 documented tenderness to lumbar spine and bilateral sacroiliac joints with decreased Range of Motion (ROM) noted. The plan of care included obtaining diagnostic tests, physical therapy sessions, a lumbosacral brace and medication therapy. On 2/16/2015 Utilization Review non-certified eight (8) physical therapy sessions twice a week for four weeks, for the low back, noting the documentation did not support an exacerbation or change in status requiring therapy above a home exercise program. The MTUS, ACOEM, and ODG Guidelines were cited. On 2/23/2015, the injured worker submitted an application for IMR for review of eight (8) physical therapy sessions twice a week for four weeks, for the low back.

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 for low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 104.

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

Decision rationale: This patient presents with back pain, shoulder pain, radiating to the bilateral legs and right arm. The treater has asked for PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS FOR LOW BACK on 1/30/15. The patient has had 8 aquatic physical therapy sessions which gives 20% relief of lower back pain and increased range of motion for several days per 12/2/14 report. The patient has been instructed in a home exercise program per 12/30/14 report. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient has ongoing back pain radiating to the lower extremities, and shoulder pain radiating to the upper right arm. The patient had 8 recent sessions of aquatic physical therapy, and a short course of treatment may be reasonable for a flare-up, declined function or new injury. Prior therapy was effective in providing relief for the low back. However, the treater does not indicate any rationale or goals for the requested additional sessions of therapy. In addition to the completed 8 sessions, the requested additional 8 sessions exceed what is allowed by MTUS for this type of condition. The patient appears to have already transitioned to a home exercise program. The request IS NOT medically necessary.