

Case Number:	CM15-0033935		
Date Assigned:	02/27/2015	Date of Injury:	04/23/2014
Decision Date:	04/13/2015	UR Denial Date:	01/26/2015
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 male with an industrial injury dated April 23, 2014. The injured worker diagnoses include radiculopathy and low back pain. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 12/31/2014, the injured worker reported left shoulder pain. Lumbar spine exam revealed on palpitation, paravertebral muscles, hypertonicity, spasm, tenderness and bilateral tight muscle band. Lumbar facet loading was positive on both sides. Left shoulder revealed restricted, limited movement due to pain. Documentation also noted decrease sensation over anterior thigh and lateral thigh on the left side. The treating physician prescribed physical therapy (visits), QTY: 8. Utilization Review determination on January 26, 2015 modified the request to physical therapy (visits), QTY: 2, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (visits), QTY: 8: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: This patient presents with left shoulder and lumbar spine pain. The treater is requesting physical therapy visits quantity eight. The RFA from 01/19/2015 shows a request for physical therapy 8 additional sessions to improve flexibility and decrease pain for lower back pain. The patient's date of injury is from 02/23/2014 and he is currently on modified duty. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The patient is not post-surgical. The physical therapy report from 12/17/2014 shows visit number two. In this report, the therapist has noted improved range of motion in the lumbar spine. The patient is motivated to improve his functionality. In this case, the requested 8 sessions when combined with the previous 2 that the patient received recently would meet guidelines. The request IS medically necessary.