MAXIMUS Federal Services

Case Number:	CM15-0036960		
Date Assigned:	03/05/2015	Date of Injury:	09/05/2009
Decision Date:	04/16/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/27/2015

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 63 year old male, who sustained a work/ industrial injury on 9/5/09 when he fell and hit his head. He has reported symptoms of neck, low back, and shoulder pain. Prior medical history included diabetes mellitus, hypertension and prior carpal tunnel release of left hand. The diagnoses have included complete tear of the supraspinatus tendon, subscapularis and infraspinatus tendinosis, glenohumeral joint changes, mild synovial effusion, degenerative thinning/blunting of labrum, degenerative change of acromioclavicular joint with hypertrophic spurs, mild lateral sloping of acromion, and minimal fluid subacromial/subdeltoid and subcoracoid bursa. Treatments to date included right shoulder arthroscopy, biceps tenotomy, labral debridement, and mini open cuff repair (3/29/12), physical therapy, chiropractic care, medication, injection, and psychotherapy. Diagnostics included a Magnetic Resonance Imaging (MRI) reporting degenerative disc disease, prominent at C5-6 and C6-7, and normal spinal cord. A nerve conduction study showed moderate bilateral carpal tunnel syndrome and mild left ulnar neuropathy. Medications included Glyburide, Zolpidem tartrate, Orphenadrine citrate, Diclofenac sodium, Omeprazole, Metformin, Propoxyphene Nap-acetaminophen, Glucosamine, Dendracin, Simvastatin, Lisinopril, Cafergot, Ambien, and Hydrocodone-acetaminophen. The treating physician's report (PR-2) from 10/29/14 indicated memory loss and headaches, bilateral shoulder pain, bilateral elbow and forearm pain, low back pain and neck pain that radiated to the scapular region. On 2/4/15, Utilization Review non-certified Physical Therapy x 6 for the Lumbar/Cervical Spine, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 6 for the Lumbar/Cervical Spine: 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 medicine Page(s): 98-99.

Decision rationale: According to the 12/03/2014 progress report, this patient presents with radicular neck and low back pain. The current request is for Physical Therapy x 6 for the Lumbar/Cervical Spine. The request for authorization is on 12/16/2014. The patient's disability status is "permanent and stationary at this time;" based on the neurological stand point and the patient's work status is "temporarily totally disabled from 12/03/14 to 01/16/15." For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Review of the available records show no documentation that the patient is in a post-operative time frame regarding physical therapy for the cervical and lumbar spine. The provided report does not show physical therapy reports and no discussion regarding the patient's progress. There is no documentation of flare-up or a new injury to warrant formalized therapy. The treater does not discuss the patient's treatment history nor the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. The current request IS NOT medically necessary.