

Case Number:	CM15-0041757		
Date Assigned:	03/12/2015	Date of Injury:	01/03/2014
Decision Date:	04/20/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/05/2015

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 53 year old male with an industrial injury dated January 3, 2014. The injured worker diagnoses include right shoulder impingement syndrome versus right cervical radiculopathy, left L4-5 extruded disc herniation and left leg radiculopathy. He has been treated with diagnostic studies, prescribed medications, acupuncture therapy, physical therapy, and periodic follow up visits. According to the progress note dated 2/3/2014, the injured worker reported right shoulder pain radiating down to the right arm and hand. The injured worker also reported low back pain and numbness with pain radiating down the left anterior and posterior thigh through the shin, calf and foot. Objective findings revealed decreased sensation over the right C5 and C6 dermatomes and palpable tenderness over the left acromioclavicular (AC) joint, trapezius and supraspinatus musculature. There was a decrease range of motion in the right shoulder and a positive impingement on the right. The treating physician also noted decrease range of motion of the lumbar spine and absent reflexes on the left ankle. Treatment plan consists of physiotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy, 2 times weekly for 3 weeks, for right shoulder, cervical and lumbar: Upheld

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 receives treatment for chronic low back pain. The patient had a hemilaminectomy at L4-L5. The work related lifting injury occurred on 01/03/2014. The patient already had 13 sessions of physical therapy for the back. 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 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. Additional physical therapy sessions are not medically indicated.