

Case Number:	CM15-0047840		
Date Assigned:	03/19/2015	Date of Injury:	12/11/2014
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/13/2015

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 43 year old male who sustained a work related injury December 11, 2014. While working as a firefighter and using a high pressure hose, he slipped and fell forward off the curb, face first into water He complained of back pain with radiation to the right leg, numbness over the posterior thigh and medial calf, and right heel and calf with some right toe numbness and right shoulder pain. He was diagnosed as having a strain of his back and right shoulder and was treated conservatively with physical therapy. X-rays were noted to be negative. Past medical history includes hypertension. According to a primary treating physician's progress report, dated February 12, 2015, the injured worker presented with continued shoulder and lumbar sacral pain. He stated he has not received any physical therapy for the right shoulder. Diagnoses included lumbar disc herniation, L5-S1 and right shoulder SLAP lesion, non-traumatic partial right rotator cuff tear. Treatment plan included recommendation for consultation to treat lumbar spine and another consultation for right shoulder, continue medications, and additional physical therapy up to (8) visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy additional eight sessions over six or eight weeks, in treatment of lumbar spine, quantity: 8, Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back (updated 1/30/14).

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

Decision rationale: The patient presents with continued shoulder and lumbar sacral pain. The request is for PHYSICAL THERAPY ADDITIONAL EIGHT SESSIONS OVER SIX OR EIGHT WEEKS, IN TREATMENT OF LUMBAR SPINE, QUANTITY: 8. The RFA is not provided. Patient's diagnosis included lumbar disc herniation, L5-S1 and right shoulder SLAP lesion, non-traumatic partial right rotator cuff. The patient is to return to modified duty. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to three visits per week to one or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended." Treater is requesting 8 additional sessions of lumbar physical therapy. Per progress report dated 02/12/15, the patient has received 6 sessions of physical therapy. Functional outcome of the therapy was not provided. Treater states that the additional sessions are for strengthening the lower back; however, a rationale for why the patient is unable to transition into a home exercise program is not provided. Furthermore, the requested 8 additional sessions with the 6 treatments already authorized exceed what is allowed per MTUS for this kind of condition. Therefore, the request IS NOT medically necessary.