

Case Number:	CM15-0082170		
Date Assigned:	05/04/2015	Date of Injury:	04/21/2011
Decision Date:	06/03/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/29/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 70 year old male, who sustained an industrial/work injury on 4/21/11. He reported initial complaints of right shoulder and back pain. The injured worker was diagnosed as having lumbar disc protrusions at L5-S1 and L2-3, lumbar radiculitis, and right shoulder rotator cuff tear. Treatment to date has included medication, diagnostics, lumbar epidural injection, MRI results were reported on 8/4/11, and 8/25/11. Currently, the injured worker complains of exacerbation of low back pain. Per the primary physician's progress report (PR-2) on 2/24/15, examination revealed a healed surgical incision to the right shoulder, weakness in the rotator cuff strength on the right, pain with palpation of subacromial bursa and subdeltoid bursa, positive impingement and Hawkin's test, slight tenderness in the lumbar paravertebral muscles, decreased range of motion to the spine, and sensation was decreased from the left L3 dermatome. The requested treatments include additional physical Therapy visits to lumbar area.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 12 Physical Therapy visits to lumbar area: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 additional sessions physical therapy to the lumbar area is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are lumbar disc protrusions L5 - S1 and L2 - L3; lumbar radiculitis; and right shoulder rotator cuff tear. The treating provider is requesting additional physical therapy to the low back area. There is no documentation of prior physical therapy, the last physical therapy date, physical therapy progress notes, and the total number of physical therapy sessions with objective functional improvement (prior to the request for authorization dated March 17, 2015). Documentation in the medical record contains a certification on March 20, 2015 for 10 physical therapy sessions to the lumbar spine (certification #150325 - 338 - 108). The utilization review dated April 6, 2015 contains a modification of 12 physical therapy sessions to 4 physical therapy sessions. There are no compelling clinical facts documented in the medical record indicating additional physical therapy is warranted. Consequently, absent clinical documentation with prior physical therapy progress notes, the total number of physical therapy sessions, objective functional improvement and compelling clinical facts indicating additional physical therapy is warranted, 12 additional sessions of physical therapy to lumbar area is not medically necessary.