

Case Number:	CM15-0087425		
Date Assigned:	05/11/2015	Date of Injury:	09/26/2014
Decision Date:	06/15/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/06/2015

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 29 year old male, who sustained an industrial injury on 9/26/14. The injured worker has complaints of left shoulder pain, left wrist pain, low back pain, left leg pain, neck pain and left side of abdomen. The documentation noted that there was restricted motion of the shoulder and there was pain and tenderness on the left side of the abdomen. The diagnoses have included herniated disc of the lumbar spine at L4-5, left shoulder derangement and left wrist derangement. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine documented a 5 millimeter disc at L5; tramadol and elavil and physical therapy. The request was for physical therapy two times a week times six weeks for the lumbar spine, left shoulder, left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week times six weeks for the lumbar spine, left shoulder, left wrist: Upheld

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

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

Decision rationale: Based on the 02/27/15 progress report provided by treating physician, the patient presents with pain to back, shoulder and wrist. The request is for physical therapy two times a week times six weeks for the lumbar spine, left Shoulder, left wrist. RFA not provided. Patient's diagnosis on 02/27/15 included herniated disc lumbar spine at L4-L5 5mm, left shoulder derangement, and left wrist derangement. Physical examination to lumbar spine on 10/03/14 revealed tenderness to palpation and decreased range of motion in all planes. Examination of the left shoulder revealed diffuse tenderness and decreased range of motion, especially on abduction 90 degrees. Treatment to date included imaging studies, physical therapy, acupuncture, work modifications, and medications. Per 02/10/15 report, patients medications include Hydrocodone and Omeprazole. The patient may return to modified work duty, per 10/17/14 report. Treatment reports were provided from 10/07/14 - 04/08/15. MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency from up to 3 visits per week to 1 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 are recommended." RFA with the request, nor medical rationale for the request were provided. Given patient's diagnosis and continued symptoms, a short course of physical therapy would be indicated by guidelines. However, per physical therapy notes dated 01/22/15 - 02/10/15, patient attended 5 visits. Physical therapy notes from 02/04/15 - 03/17/15 showed 10 visits. Patient had physical therapy evaluation on 04/08/15. In this case, treater has not documented efficacy of prior therapy. There is no explanation of why on-going therapy is needed, nor is reason patient unable to transition into a home exercise program. Furthermore, the request for additional 12 sessions would exceed what is allowed by MTUS. Therefore, the request IS NOT medically necessary.