

Case Number:	CM14-0105264		
Date Assigned:	07/30/2014	Date of Injury:	11/30/2009
Decision Date:	10/08/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/07/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of November 30, 2009. A utilization review determination dated June 25, 2014 recommends modified certification of physical therapy for the lumbar spine. 16 visits are recommended for certification, and 2 visits are recommended for noncertification due to exceeding the maximum number recommended by guidelines. A progress note dated February 14, 2014 identifies subjective complaints of right shoulder pain with no change in symptoms. He still has ongoing pain and weakness in the left shoulder. Physical examination reveals weakness in the right shoulder. Diagnoses included impingement syndrome, "supraspinatus", and "biceps tendon long head". The treatment program recommends a home exercise program. A progress note dated May 23, 2014 indicates that the patient underwent a lumbar laminectomy on May 7, 2014 at L4-5 and L5-S1. Subjective complaints indicate that the patient is doing well and has no more pain radiating into the left leg. The patient is currently using Norco and would like to participate in physical therapy. Objective examination findings reveal 5/5 motor strength and a normal gait. The assessment states "doing well following lumbar surgery." The treatment plan recommends activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2-3XWK X 6WKS LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 26.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 98 OF 127. Decision based on Non-MTUS Citation Low Back Chapter, Physical Therapy

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends 16 post surgical therapy visits following lumbar laminectomy. Within the documentation available for review, it is clear the patient has recently undergone lumbar laminectomy. Unfortunately, there is no documentation of any objective functional deficits which are to be addressed with the currently requested therapy. A trial of physical therapy may be indicated for this patient, but the currently requested 12 to 18 visits exceeds the maximum number of therapy sessions recommended for this patient's diagnosis. Unfortunately, there is no provision to modify the current request. As such, the currently requested physical therapy is not medically necessary.