

Case Number:	CM14-0115881		
Date Assigned:	08/04/2014	Date of Injury:	06/12/2013
Decision Date:	09/30/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/24/2014

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 and is licensed to practice in Nevada. 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:

The records, presented for review, indicate that this 38-year-old gentleman was reportedly injured on June 12, 2013. The mechanism of injury was noted as cumulative trauma. The most recent progress note, dated July 28, 2014, indicated that there were ongoing complaints of low back pain and left shoulder pain. Current medications include Norco. The physical examination demonstrated restricted lumbar spine range of motion and tenderness along the lumbosacral junction with spasms and guarding. There was a normal lower extremity neurological examination. Diagnostic imaging studies of the left shoulder revealed a partial thickness rotator cuff tear and a SLAP lesion. An MRI of the lumbar spine revealed degenerative disc disease at L4-L5 and L5-S1. Previous treatment included physical therapy. A request had been made for continued physical therapy two times a week for four weeks for the left shoulder for strengthening and range of motion and for the lumbar spine for core stabilization and was non-certified in the pre-authorization process on June 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Physical Therapy 2 times a week for 4 weeks for the Left Shoulder for strengthening/ROM and for the Lumbar Spine for core stabilization: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder, Physical Therapy.

Decision rationale: The Official Disability Guidelines (ODG) would support 10 visits of physical therapy for the lumbar spine for sprains and strains, as well as 10 visits for rotator cuff syndrome/impingement syndrome of the shoulder. A review of the attached medical record indicates that the injured employee has attended six visits thus far. Considering this, it is an additional eight visits with total 14 visits. Therefore, without additional justification, this request for physical therapy two times a week for four weeks for the left shoulder for strengthening and range of motion and for the lumbar spine for core stabilization is not medically necessary.