

Case Number:	CM14-0140607		
Date Assigned:	09/10/2014	Date of Injury:	08/22/2011
Decision Date:	10/24/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/29/2014

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 the date of injury of August 22, 2011. A utilization review determination dated August 4, 2014 recommends noncertification of 12 sessions of physical therapy for the left shoulder and lumbar spine. The report indicates that on July 7, 2014, the patient came to the clinic complaining of low back pain, left leg pain, left knee pain, left foot pain, mid back pain, neck pain, bilateral shoulder pain, and knee pain. The examination revealed positive orthopedic tests of the patient's knees with restricted range of motion in the lumbar spine. The left shoulder examination revealed restricted range of motion and positive orthopedic tests. Diagnoses included left plantar fasciitis, left ankle pain, left leg and knee pain, left shoulder pain, lumbago, left leg radiculopathy, left knee medial meniscus tear, and left ankle posterior tibialis tendinitis. The treatment plan requests physical therapy for 12 sessions for the shoulder and lumbar spine. A lumbar spine MRI dated December 26, 2012 identifies a mild levo scoliosis with a 3 mm or less annulus bulging between L2 and L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left shoulder and lumbar spine, three times weekly for four weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG Shoulder and Low Back Chapters

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy, Shoulder 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. ODG recommends a trial 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 10 visits of physical therapy for rotator cuff/impingement syndrome, 10 visits of physical therapy for lumbar spine sprains/intervertebral disc disorders, and 10 to 12 visits for lumbar radiculitis. Within the documentation available for review, there is no indication of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. Furthermore, the request exceeds the amount of PT recommended by the ODG and, unfortunately, there is no provision for modification of the current request. Therefore, the request for physical therapy for the left shoulder and lumbar spine, three times weekly for four weeks, is not medically necessary or appropriate.