

Case Number:	CM14-0141847		
Date Assigned:	09/10/2014	Date of Injury:	03/13/2011
Decision Date:	10/14/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/02/2014

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 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:

The worker is a 48-year-old male who reported injury on 03/13/2011. The worker reported while inside of the walk-in and stacking merchandise such as potato boxes, sodas, tomatoes, meat boxes, suddenly he flipped, but he held himself from a sink that was next to him and prevented him from falling all the way down to the floor. He ended up in a bending position and could not get back up again due to a severe aching sensation in his lower back that traveled to both legs, followed by numbness and tingling. The injured worker's treatment history included electromyography (EMG)/nerve conduction velocity (NCV) studies, physical therapy, acupuncture sessions, chiropractic treatment, a magnetic resonance imaging of the lumbar spine, epidural steroid injections, medications. In the documentation submitted, the injured worker has a history of a right shoulder rotator cuff repair and sub acromial decompression. On 06/02/2014 to 07/23/2014, the injured worker completed 23 sessions of physical therapy. On 09/02/2014, it was documented the injured worker complained of right shoulder pain. Physical examination revealed flexion to 150 degrees that was painful. The diagnoses included status post right shoulder surgery. Request for Authorization dated 09/05/2014 was for physical therapy 3 x 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 3 TIMES PER WEEK X 4 WEEKS: Upheld

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

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

Decision rationale: The request is not medically necessary. The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker has been receiving physical therapy since 06/02/2014 to 07/23/2014 completed 23 physical therapy sessions with noted improvement. The provider failed to indicate long-term functional goals. The request will exceed recommended amount of visits per the guideline and failed to include location where physical therapy is required. Therefore the request for physical therapy 3 times per week for 4 weeks is not medically necessary.