

Case Number:	CM14-0183488		
Date Assigned:	11/10/2014	Date of Injury:	08/05/2014
Decision Date:	12/16/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/04/2014

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 Family Medicine 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 48 year old male patient who sustained an injury on 8/05/2014. He sustained the injury due to a fall from the ladder to the floor. The current diagnoses include cervical and lumbar musculoligamentous injury, cervical and lumbar disc bulge, cervical and lumbar radiculopathy, left acromioclavicular joint arthrosis and status post left shoulder surgery. Per the doctor's note dated 11/03/14, patient had complaints of cervical pain with radiation to the left arm and hand with numbness, lumbar pain and left shoulder pain. Physical examination revealed cervical tenderness, lumbar tenderness, left shoulder- forward flexion 80, abduction 75, external rotation 10 and internal rotation 5 degrees, passive forward flexion 100 degrees and pain with all range of motion. The current medication list includes naproxen and Norco. He has undergone open reduction and internal fixation of left humerus fracture on 8/7/2014. He has had left humerus X-rays dated 10/22/14 which revealed stable left humerus nail and interlocking screws; lumbar MRI dated 10/15/14 which revealed multilevel lumbar spondylosis, moderate central canal stenosis at L4-5, mild central canal stenosis at L2-3 and L3-4 and mild multilevel foraminal narrowing; MRI cervical spine dated 10/15/14 which revealed minimal multilevel cervical spondylosis without central canal stenosis and mild multilevel foraminal narrowing. He has had unspecified number of physical therapy visits for this injury.

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 for six weeks for the cervical spine and lumbar spine.:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Low Back (updated 11/21/14), Physical Therapy (PT), Chapter: Neck & Upper Back (updated 11/18/14) Physical Therapy (PT)

Decision rationale: The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided, patient has already had an unspecified number of physical therapy visits for this injury. The requested additional visits in addition to the previously rendered physical therapy sessions are more than recommended by the cited criteria. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visits notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical therapy two times a week for six weeks for the cervical spine and lumbar spine is not established for this patient at this time. The case is considered not medically necessary.