

Case Number:	CM14-0094991		
Date Assigned:	09/15/2014	Date of Injury:	05/04/2010
Decision Date:	10/15/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/23/2014

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 injured worker is a 48 year old female with a history of chronic low back pain, bilateral shoulder pain, depression, chronic pain syndrome with psychosocial dysfunction, right shoulder impingement syndrome status post subacromial decompression and Mumford procedure, left shoulder impingement syndrome, right elbow pain, and right greater than left knee pain. The date of injury is 5/4/2010. The worker underwent lumbar discography on 5/14/2012 for chronic low back pain. The procedure was positive for severe concordant pain at L4-5 and L5-S1. A subsequent MRI scan dated 4/15/2014 has revealed minimal bulge with right foraminal protrusion at L3-4 without nerve root compromise, a minimal bulge at L4-5, and a 2-3 mm protrusion at L5-S1 with an osteophyte complex on the right but no foraminal stenosis or facet arthritis. Non-operative treatment has included Physical Therapy, Chiropractic treatment, and a functional restoration program with no significant benefit.. The treating Physician recommended anterior and posterior spinal fusion; however this was not deemed medically necessary. The disputed issue at this time is post-operative Physical Therapy 2 x 4 which was deemed not medically necessary per UR decision of 5/27/2014. The diagnosis on the UR request was "L4-5 and L5-S1 discogenic pain causing mild stenosis." However, the diagnosis code on this IMR request is 726.1 (Rotator cuff syndrome). There is no shoulder surgery requested at this time. The IMR request is for the disputed UR decision of 5/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Physical Therapy (PT) 2X4: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.