

Case Number:	CM14-0098464		
Date Assigned:	07/28/2014	Date of Injury:	03/03/2014
Decision Date:	09/19/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/26/2014

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 Interventional Spine 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:

The patient is a 51 year old male with an injury date of 03/03/14. The 05/30/14 report by [REDACTED] states that the patient presents with lower back pain with radiation into the lower extremities. He also presents with neck, upper back and bilateral shoulder pain. Lying down, prolonged sitting, weight bearing, bending and lifting make the pain worse. The patient is not working. Examination of the cervical spine reveals limited range of motion. The patient's diagnoses include: disc protrusion at L4-L5 with annular tear with back pain and radicular pain; cervical strain; and bilateral trapezius strain. The utilization review being challenged is dated 06/09/14. Treatment reports were provided from 03/07/14 to 08/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional physical therapy sessions to bilateral shoulders.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The patient presents with lower back pain with radiation into the lower extremities along with neck, upper back and bilateral shoulder pain. The treating physician requests 12 sessions (duration unknown) of physical therapy to the bilateral shoulders. MTUS guidelines state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. The 06/09/14 utilization review cites the non-certification of 12 "additional" physical therapy sessions, suggesting that the patient has had recent therapy. The patient may have had physical therapy in the past; however, there is no documentation of how many sessions and with what benefit. The treating physician does not discuss the patient's treatment history. Furthermore, the request for 12 sessions exceeds what is allowed per MTUS. The request for 12 additional physical therapy sessions to the bilateral shoulders is not medically necessary.