

Case Number:	CM14-0198764		
Date Assigned:	12/09/2014	Date of Injury:	07/01/2012
Decision Date:	01/26/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/26/2014

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 Occupational Medicine and is licensed to practice in Montana. 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 has a date of injury of 7/1/12 when some boxes fell on him hitting him in the left arm and shoulder, causing him to fall to the ground. Initial x-rays would show no fracture. His current complaints include bilateral elbow and shoulder pain, low back pain, thoracic pain, cervical pain radiating to both arms with numbness and tingling and pain in the right knee. His diagnoses are lumbar disc syndrome, right knee sprain with meniscal tear, right shoulder and left shoulder rotator cuff syndrome, grade 1 anterolisthesis at L2-3 and L4-5, and cervical spinal stenosis with anterolisthesis of C3 on C4. Treatment has included chiropractic treatment, physical therapy and medications. Current medications are Tramadol ER 150, Omeprazole, topical analgesics, Gabapentin and Lidoderm patches. The Utilization Review on 11/6/14 did not certify the primary treating physician's request for physical therapy 2 times per week for 4 weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy sessions for the 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 medicine Page(s): 98-99.

Decision rationale: The MTUS notes that physical medicine is recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case the treatment note of 8/18/14 indicates that the injured worker had been in physical therapy 3 times per week with no change in pain complaints and no documented functional improvement. He was compliant with a home exercise program. With no evidence of benefit related to physical therapy it is unlikely that continued therapy would be helpful. The MTUS does recommend transition to a home exercise program which has been accomplished for the injured worker. The request for physical therapy for the lumbar spine, 8 additional sessions, is not medically necessary.