

Case Number:	CM14-0215499		
Date Assigned:	01/05/2015	Date of Injury:	11/16/2012
Decision Date:	02/25/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 46 year old male with an injury date of 11/16/12. Based on the 11/13/14 progress report provided by treating physician, the patient complains of low back pain rated 6/10 that radiates down the right leg, right ankle pain rated 6/10 and left shoulder pain rated 7/10 that radiates up the cervical spine. Physical examination to the lumbar spine on 11/13/14 "revealed positive straight leg raise test on the right at 60 degrees." Examination to the left shoulder revealed decreased range of motion, especially on flexion and abduction 120/180 degrees. Per treater report dated 11/13/14, patient takes Tramadol for pain, which allows patient to work with restrictions. Per progress report dated 11/13/14, treater is requesting "a short course of physical therapy two times a week for six weeks to the lumbar spine as well as the left shoulder," "due to the persistent pain and decreased functionality of the left shoulder and lumbar spine."Diagnosis 11/13/14, 12/04/14, 12/19/14- head trauma and face trauma- left shoulder tendinosis of the supraspinatus tendon with surface fraying and no evidence of tear, per MRI dated 11/01/14- right knee contusion, rule out internal derangement- right ankle extra-articular talar fibrocartilaginous coalition resulting in bony deformity affecting the tibial nerve associated with mild tibial neuritis per MRI dated 11/01/14- lumbar spine 2mm central disc protrusion at L5-S1 without stenosis per MRI dated 11/01/14- right lower extremity radiating pain. The utilization review determination being challenged is dated 12/01/14. Treatment reports were provided from 06/16/14 - 12/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6 lumbar spine and left shoulder: 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 patient presents with low back pain rated 6/10 that radiates down the right leg, right ankle pain rated 6/10 and left shoulder pain rated 7/10 that radiates up the cervical spine. The request is for PT 2x6 lumbar spine and left shoulder. Per MRI's dated 11/01/14, diagnostic findings included lumbar spine 2mm central disc protrusion at L5-S1 without stenosis; and left shoulder tendinosis of the supraspinatus tendon with surface fraying and no evidence of tear. Per treating physician's report dated 11/13/14, patient takes Tramadol for pain, which allows patient to work with restrictions. MTUS Chronic Pain Management Guidelines, pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 11/13/14, treating physician is requesting "a short course of physical therapy two times a week for six weeks to the lumbar spine as well as the left shoulder," "due to the persistent pain and decreased functionality of the left shoulder and lumbar spine." Treating physician has not provided treatment history, nor indicated why patient cannot move on to home therapy program. As it appears patient has not had physical therapy in a while, a short course of physical therapy would be indicated. However, the request for 12 sessions of physical therapy would exceed guideline recommendation for the patient's condition. Therefore, the request is not medically necessary.