

Case Number:	CM15-0014605		
Date Assigned:	02/02/2015	Date of Injury:	09/19/2014
Decision Date:	03/27/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/26/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 26-year-old male who reported an injury on 09/19/2014. The mechanism of injury was a slip and fall. His diagnosis is noted as sprains/strains of the sacroiliac region. His past treatments were noted to include medication, surgery, a sling, physical therapy and activity modification. His diagnostic studies were not provided. His surgical history was noncontributory. During the assessment on 12/02/2014, the injured worker complained of constant pain within his left shoulder and upper arm. He indicated that he had numbness in his anterior upper arm. He also complained of pain when sleeping on his shoulder and limited shoulder motion. There was also notation of pain with overhead activity and popping within his elbow and shoulder. He also complained of constant pain in his low back with no radiation of pain into the lower extremities. The physical examination revealed a 12 inch scar over the superior left shoulder with a half inch scar over the left lateral proximal humerus and a half inch scar over the distal middle third anterior left humerus. There was loud snapping of the lateral left elbow with active flexion and extension associated with slight pain. The physical examination of the back and lower extremities revealed no tenderness in the lumbosacral area with no palpable muscle spasm. The range of motion of the back revealed, forward flexion to 50 degrees, extension lateral bending and rotation of 30 degrees. There was full and equal range of motion of both hips. His medication list was not provided. The treatment plan and rationale for the request was not provided. The Request for Authorization form was dated 12/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 for the lumbar spine: Upheld

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

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

Decision rationale: The request for physical therapy 2 x 6 for the lumbar spine is not medically necessary. The California MTUS Guidelines note 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. The guidelines recommend up to 10 visits over 8 weeks for myalgia and myositis, unspecified. The requested 12 visits would exceed the guideline recommendation. There was a lack of adequate information regarding whether or not the injured worker had benefited from the past physical therapy visits or if there were any functional improvements made. Additionally, the number of completed physical therapy visits were not provided making it difficult to determine if the request exceeds the guideline recommendation. Given the above, the request is not medically necessary.