

Case Number:	CM15-0115824		
Date Assigned:	06/24/2015	Date of Injury:	03/16/2014
Decision Date:	08/06/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/16/2015

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

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 30 year old female who sustained an industrial injury on March 16, 2014. She has reported injury to the lumbar spine and right shoulder and has been diagnosed with 3 mm protrusion L4-5 and at L5-S1 with foraminal stenosis, rule out impingement rotator cuff pathology, right shoulder, and reactive anxiety with resultant isolation behavior. Treatment has included medications, TENS unit, physical therapy, activity modification, home exercise, heat, cold, and stretching. There was tenderness to the lumbar spine. Lumbar range of motion was limited due to pain. There was a positive straight leg raise on the right and spasm of the lumboparaspinal musculature decrease. There was tenderness to the right shoulder. Right shoulder range of motion was limited due to pain. There was a positive impingement sign. The treatment request included physical therapy to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

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

Decision rationale: Submitted reports have no clinical evidence of acute flare-up or specific physical limitations to support for physical therapy. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The employee has no new injury, progressive physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support treatment request beyond the recommended quantity. The Physical therapy 3 times a week for 4 weeks lumbar spine is not medically necessary and appropriate.