

Case Number:	CM15-0170349		
Date Assigned:	09/10/2015	Date of Injury:	07/12/2012
Decision Date:	10/13/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/28/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 59 year old female who sustained a cumulative industrial injury from 1-12-12 to 7-12-13. A review of the medical records indicates that she is undergoing treatment for abdominal pain, acid reflux, diarrhea, obesity, weight gain, sleep disorder, irritable bowel syndrome, depression, lumbar spinal stenosis, spondylolisthesis, and thoracic or lumbosacral neuritis or radiculitis. Medical records (1-30-15 to 7-27-15) indicate ongoing pain of the low back, radiating to bilateral lower extremities, as well as neck and bilateral shoulder pain. She underwent a posterior decompression and fusion surgery of L5-S1 on 3-9-15, which was funded by private insurance, as it was denied by workman's compensation. Postoperatively, she required assistance with household chores and a home health aide was provided for 6 hours per day x 4 weeks. She was treated with a lumbar spine brace, heat and ice, as well as provided with Ambien. No postoperative physical therapy was provided (4-8-15). On 6-4-15, she noted improvement in her lumbar symptoms, but continued to have pain in bilateral shoulders. An interferential unit was recommended. The records indicate that she was released back to work on modified duties without undergoing formalized physical therapy (7-27-15). She continued to have severe back pain and was noted to have "not adequately recovered from surgery". She also continued to complain of bilateral shoulder pain and had not received any treatment for those complaints. She reported being "exhausted" after a work day due to ongoing pain. The physical exam on 7-27-15 indicated a normal gait and full range of motion to the cervical spine. However, the lumbar range of motion was noted to be "essentially 0". She was noted to have pain in the subacromial spaces and acromioclavicular joints of both shoulders, which was worse

on the right. Diagnostic tests included x-rays of the lumbar spine and both shoulders. 12 visits of physical therapy for the lumbar spine and bilateral shoulders were recommended. However, the request for authorization is not available for review. The utilization review (8-11-15) indicates that physical therapy was denied for the low back, as the injured worker "already had the recommended amount of physical therapy". The same rationale was given for therapy to bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4 Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: In this case, the patient underwent a posterior decompression and fusion of L5-S1 on 3/9/15, which was covered by private insurance since it was denied by Workman's Compensation. The patient was treated post-operatively with ice, heat and a lumbar support. No physical therapy (PT) was prescribed. On 6/4/15, the patient noted improvement of her lumbar symptoms, but was noted to have "not adequately recovered from surgery." Her ROM of the lumbar spine was "essentially 0." The Utilization Review dated 8/10/15 denied PT, stating that the worker "already had the recommended amount of PT." This statement appears to be in error, since the patient received no post-operative PT. The request for post-operative PT to the lumbar spine is reasonable, given her poor recovery and lack of any formal PT since surgery. Therefore, the request is medically necessary and appropriate.

Physical Therapy 3x4 for the Bilateral Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: CA MTUS Guidelines supports physical therapy (PT) based on the philosophy that therapeutic exercise and/or activity are beneficial in restoring flexibility, strength, endurance, function, range of motion and can alleviate pain. In this case, the patient has recently undergone lumbar spinal surgery and also complains of bilateral shoulder pain. The request is for PT to both shoulders. The documentation submitted notes only pain in the subacromial spaces and acromioclavicular joints. There are no other physical examination findings, such as range of motion. There is one reference to impingement syndrome in the shoulders. X-rays of the shoulders were obtained, however the results are not available. There is no evidence of conservative treatment, including medications, home exercises, injections or further imaging to establish a firm diagnosis. Due to the lack of documentation and evaluation of the shoulders, this request is not medically necessary or appropriate at this time.