

Case Number:	CM15-0026731		
Date Assigned:	02/19/2015	Date of Injury:	06/26/2006
Decision Date:	04/03/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/12/2015

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 53 year old male, who sustained an industrial injury on 06/26/2006. He has reported subsequent shoulder, back and lower extremity pain and was diagnosed with left shoulder sprain and strain, status post L4-L5 and L5-S1 posterior interbody fusion with instrumentation, status post revision decompression surgery of the lumbar spine, severe bilateral lower extremity radiculopathy and failed back syndrome. Treatment to date has included oral medication, physical therapy and surgery. In a progress note dated 01/13/2015, the injured worker complained of constant pain and stiffness of the left shoulder and lumbar spine. Objective physical examination findings were notable for tenderness to palpation of the left shoulder with decreased range of motion and tenderness to palpation of the para-axial musculature with spasms of the lumbosacral spine with significantly limited range of motion. A request for authorization of additional physical therapy visits was made. On 02/03/2015, Utilization Review modified a request for additional physical therapy 2 x 6 to 5 additional physical therapy visits, noting that after 5 visits, the injured worker should be transitioned to a home exercise program. MTUS and ACOEM guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 times a week for 6 weeks: 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 medicine Page(s): 98-99.

Decision rationale: This patient presents with ongoing complaints of pain and stiffness in the left shoulder and lumbar spine. The low back pain radiates down the bilateral legs with numbness, tingling, and weakness in the lower extremities. The current request is for additional physical therapy 2 times a week for 6 weeks. For physical medicine the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis, and neuritis type symptoms 9 to 10 sessions over 8 weeks. This patient is status post lumbar fusion from 2013 and has completed 18 postoperative aquatic therapy sessions. The medical file provided for review includes no physical therapy progress reports and the total number of completed physical therapies to date and the objective response to therapy is not provided. The utilization review modified the certification from the requested 12 sessions to 5 sessions to restore function. In this case, the treating physician's request for additional 12 sessions exceeds what is recommended by MTUS. Furthermore, there is no rationale provided to indicate why the patient has not transitioned into a self-directed home exercise program and there was no report of new injury, new surgery or new diagnosis that could substantiate the current request. The requested additional physical therapy is not medically necessary.