

Case Number:	CM15-0033642		
Date Assigned:	02/27/2015	Date of Injury:	01/07/2004
Decision Date:	04/13/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/23/2015

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 57 year old male, who sustained an industrial injury on January 7, 2004. He has reported lower back pain with radiation to the legs, bilateral shoulder pain, bilateral hip pain, and thoracic and cervical spine discomfort. The diagnoses have included closed head injury, lumbar spine radiculitis following fusion surgery, cervical spine radiculitis following fusion surgery, right shoulder strain with impingement, bilateral hip pain that is likely radicular, compensatory left shoulder pain, upper thoracic spine pain, depression, anxiety, and aggravation of gastroesophageal reflux disease due to medications. Treatment to date has included medications, H wave unit, lumbar and cervical spine fusions, physical therapy, use of a cane, and imaging studies. A progress note dated January 2, 2015 indicates a chief complaint of continued lower back pain, bilateral shoulder pain, neck pain radiating to the right arm, middle back pain, sleep difficulties, depression, and anxiety. Physical examination showed decreased Rom of the lumbar spine, thoracic spine spasms and tenderness, right shoulder tenderness and decreased range of motion, cervical spine spasms and decreased range of motion, decreased sensation of the left fingers, and an antalgic, slow gait. The treating physician is requesting physical therapy twice each week for three weeks for the back. On February 11, 2015 Utilization Review denied the request citing the California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines and Official Disability Guidelines. On February 23, 2015, the injured worker submitted an application for IMR of a request for physical therapy twice each week for three weeks for the back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 3 weeks for the back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: This patient presents with low back pain that radiates into the lower extremities. The patient also complains of bilateral shoulder, neck and hip pain. The current request is for PHYSICAL THERAPY 2 TIMES A WEEK FOR 3 WEEKS FOR THE BACK. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has 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." The treating physician states that the patient has had PT in the past which "was beneficial." There are no physical therapy reports provided for review. The exact number of completed physical therapy visits to date and the objective response to therapy were not documented in the medical reports. In this case, the patient has reported that prior physical therapy has helped, but there is no report of new injury, new diagnoses, or new examination findings to substantiate the current request. Furthermore, the treating physician does not discuss why the patient would not be able to participate in a home exercise program. The request additional PT IS NOT medically necessary.