

Case Number:	CM15-0073167		
Date Assigned:	04/23/2015	Date of Injury:	02/05/2013
Decision Date:	05/20/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	04/16/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 28 year old male who sustained an industrial injury on February 5, 2013. Prior treatment includes physical therapy, home exercise program, TENS unit, orthotics, and medications. Currently the injured worker complains of right shoulder pain, low back pain and thoracic pain. Diagnoses associated with the request right shoulder impingement, lumbar spondylosis, protrusion of L5-S1, and thoracic myofascial pain. The treatment plan includes lumbar and thoracic spine physical therapy, TENS therapy medications and orthotic support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Lumbar Spine (3 x 4): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy lumbar spine three times per week times four weeks (12 sessions) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are right shoulder impingement rule out rotator cuff pathology; lumbar spondylosis; protrusion L5 - S1; and thoracic myofascial pain. The injured worker's date of injury is February 5, 2013. The injured worker has received chiropractic treatment, massage therapy and physical therapy. In 2013, the injured worker was certified for six physical therapy sessions between August 13, 2013 and August 29, 2013. In a September 10, 2014 progress note, the injured worker was certified for an additional 8 physical therapy sessions. The injured worker received 14 physical therapy sessions to date. There is no documentation demonstrating objective functional improvement from prior physical therapy. Currently, according to a March 20, 2015 progress note, the injured worker has low back pain that radiates to the lower extremity of the VAS pain scale of 6/10. Objectively, the treating provider documents tenderness of the right shoulder, positive impingement sign, and decreased range of motion and spasm of the right cervical trapezius/deltoid musculature. There is tenderness over the lumbar and thoracic spine. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Consequently, absent clinical documentation with objective functional improvement and compelling clinical facts showing additional physical therapy is clinically warranted, physical therapy lumbar spine three times per week times four weeks (12 sessions) is not medically necessary.