

Case Number:	CM15-0076219		
Date Assigned:	04/27/2015	Date of Injury:	09/27/2014
Decision Date:	06/03/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49 year old male, who sustained an industrial injury on 9/27/14. The injured worker has complaints of left shoulder pain and weakness and low back pain. The diagnoses have included lumbar disc disease and left shoulder strain, rule out rotator cuff tear. Treatment to date has included physical therapy; X-ray of the cervical spine, left elbow, right shoulder, left shoulder and lumbar spine; magnetic resonance imaging (MRI) of the left shoulder and lumbar spine. The request was for 12 additional outpatient physical therapy for the lumbar spine, 2 times per week for 6 weeks for lumbar spinal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional outpatient physical therapy for the lumbar spine, 2x per week for 6 weeks for lumbar spinal stenosis: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy (2) Preface, physical therapy.

Decision rationale: The claimant sustained a work-related injury in September 2014 and continues to be treated for low back pain with a diagnosis of lumbar spinal stenosis. From 02/18/15 to 03/06/15 there are 6 physical therapy treatments documented. When seen, there was decreased lumbar range of motion and tenderness. Guidelines recommend 10 therapy treatments over 8 weeks for lumbar spinal stenosis. In this case, the number of additional treatments being requested is in excess of that recommendation and also does not reflect a fading of treatment frequency. The request was not medically necessary.