

Case Number:	CM15-0076692		
Date Assigned:	04/28/2015	Date of Injury:	12/16/2009
Decision Date:	06/04/2015	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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 52 year old male, who sustained an industrial injury on 12/16/09. He reported initial complaints of low back pain. The injured worker was diagnosed as having lumbosacral sprain; lumbosacral discogenic disease; right shoulder sprain, tendinopathy, impingement syndrome and rotator cuff tear. Treatment to date has included chiropractic therapy; physical therapy; lumbar epidural steroid injection; medications. Diagnostics included MRI lumbosacral spine (1/23/12); MRI right shoulder (3/15/11). Currently, the PR-2 notes dated 3/19/15 indicated the injured worker complains of pain in the lower back and right shoulder with pain levels in the back 6/10 and the right shoulder 7/10 which both remained the same since last visit. Objective findings include the lumbar spine and right shoulder with grade 2 tenderness to palpation which remained unchanged since last visit. The provider is requesting Physical Therapy Lumbosacral & Right Shoulder 2 x wk X 6 wks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Lumbosacral & Right Shoulder 2xwk X 6wks: 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: Physical Therapy Lumbosacral & Right Shoulder 2 x wk X 6 wks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's shoulder and low back condition. The documentation indicates that the patient has had 25 prior therapy sessions. The documentation does not indicate the outcome of this physical therapy. It is unclear why the patient cannot participate in a self directed exercise program as supported by the MTUS. The request for physical therapy is not medically necessary.