

Case Number:	CM14-0021665		
Date Assigned:	05/14/2014	Date of Injury:	10/30/2012
Decision Date:	09/09/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/20/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 65-year-old female with date of injury of 10/30/2012. The listed diagnoses per Dr. [REDACTED] dated 01/27/2014 are: 1. Right shoulder sprain/strain with mild impingement syndrome per MRI, 01/15/2014. 2. Lumbar spine multilevel herniated disk with 3 mm disk bulge at L3-L4, 2 mm disk bulge at L4-L5, 3 mm disk bulge at T11-T12, and a 4 mm disk bulge at T12-L1 per MRI 12/03/2012. According to this report, the patient complains of neck and upper back pain. The pain is constant. She also complains of right shoulder and low back pain. The pain radiates to the neck and down the right lower extremities to the right hip, right knee, and right ankle/foot. She notes numbness and tingling of the right lower extremity. The objective findings show tenderness to palpation over the L4-L5 levels bilaterally and over the right posterior thigh and right posterior calf. Sensory examination reveals paresthesia to the right forefoot including all toes. Right shoulder demonstrates tenderness to the subacromial bursa and biceps tendons. The patient experiences limited range of motion maneuvers. Speed's sign is positive. The utilization review denied the request on 02/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY RIGHT SHOULDER TWO TIMES FOR THREE WEEKS:

Overtuned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8, 99.

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

Decision rationale: This patient presents with neck, upper back, right shoulder, and low back pain. The treater is requesting 6 physical therapy visits for the right shoulder. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The 20 pages of records do not show any physical therapy reports to verify how many treatments the patient has received and with what results. The progress report dated 12/18/2013 notes that the patient attended 6 sessions of physical therapy for the right shoulder as of March 2013. The progress report dated 01/27/2014 documents, "She stated that with her right shoulder injury, she had increased strength but did not have significant improvement with respect to her pain." The MTUS page 8 on chronic pain requires satisfactory response to treatment including increased levels of functions, decreased levels of pain, and improved quality of life. In this case, it's been more than 8 months since the last round of therapy and a short course of treatment may be reasonable for flare-up, declined function, etc. The treater notes that a short-course of therapy is recommended to assist the patient in her current condition and transition into a self-directed home exercise program. Given that the requested 6 visits are within guidelines. Recommendation is for authorization.

PHYSICAL THERAPY LUMBAR SPINE TWO TIMES FOR THREE WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8, 99.

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

Decision rationale: This patient presents with neck, upper back, right shoulder, and low back pain. The treater is requesting 6 physical therapy visits for the lumbar spine. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, or neuralgia type symptoms. The progress report dated 12/18/2013 notes that the patient was referred for approximately 16 sessions of physical therapy to her low back with benefit. However, physical therapy reports are not available to verify the number of treatments and the patient's response. The progress report dated 01/27/2014 does note that the patient had a total of 24 visits of physical therapy with benefit. She noted increased flexibility, decreased pain, and decreased numbness in her right lower extremity as a result of physical therapy. She did not notice any significant improvement in her strength. Also, the patient reports that she was not instructed in a home exercise program. In this same report, the treater is requesting a short course of physical therapy to assist the patient in managing her condition and receive instruction for a home exercise program. However, this patient has had some 16 sessions fo therapy just a month prior. The treater does not explain why additional therapy is needed and why the patient cannot transition into a home program. The request exceeds what is allowed by MTUS guidelines. Recommendation is for denial.

