

Case Number:	CM14-0074058		
Date Assigned:	07/18/2014	Date of Injury:	11/01/2005
Decision Date:	08/06/2015	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/21/2014

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. 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, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 48 year old male sustained an industrial injury on 11/01/05. He subsequently reported back left shoulder pain. Diagnoses include displacement of the lumbar intervertebral disc without myelopathy and lumbago. Treatments to date include x-ray and MRI testing, lumbar and cervical spine surgery, injections, back brace, modified work duty and prescription pain medications. The injured worker continues to experience low back pain with radiation to the left side. Upon examination, there was tenderness to the left shoulder at the acromioclavicular joint and biceps groove. A request for 18 sessions of post op physical therapy was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Sessions Of Post Op Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines
 Page(s): 25-26.

Decision rationale: CA MTUS/Post surgical guidelines, Low Back section, page 25-26 recommend 34 visits over 16 weeks for lumbar fusion. In this case, at the time of the request, 38 visits had been completed. There was no evidence given why the worker could not continue to improve with a home based program. Based on this the request is not medically necessary.

