

Case Number:	CM13-0004784		
Date Assigned:	12/11/2013	Date of Injury:	08/13/2007
Decision Date:	02/03/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	07/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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 39-year-old male who reported a work related injury on 08/13/2007, specific mechanism of injury not stated. Subsequently, the patient is status post a T7-8 fracture, status post T5 to T10 fusion. The patient is a paraplegic and utilizes a wheelchair. The clinical note dated 10/17/2013 reports the patient was seen for follow-up under the care of [REDACTED]. The provider documents the patient condition has remained unchanged and there are no new problems evidenced. The patient reports quality of sleep is good. The provider documents the patient reports ongoing pain to the right deltoid area and paraspinal as well as the trapezius. The provider documents the patient utilizes the following medications, Dulcolax suppository, Pantoprazole, Senokot, and Tylenol No. 3 with codeine. The provider documents upon physical exam of the patient's right shoulder, it reveals no swelling, deformity, joint asymmetry or atrophy. The patient reports tenderness upon palpation in the biceps groove, sub-deltoid bursa and trapezius. The patient has myofascial right trapezius pain with trigger points as well as tenderness of the sub-deltoid bursa and rhomboids. The patients' motor strength is noted to be 5/5 throughout. The provider documents the patient has been utilizing physical therapy interventions which have primarily been passive to the neck, but the patient requires strengthening and stretching about the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for 12 Physical Therapy Sessions 2X6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient has been utilizing physical therapy interventions for his chronic pain complaints status post an unspecified work related injury sustained in 2007 with subsequent paralysis to the bilateral lower extremities. The provider is recommending supervised therapeutic interventions, specifically for the patient's right shoulder; however, the requested 12 sessions of physical therapy at this point in the patient's treatment is excessive in nature. It is unclear what the patient's course of treatment has been recently as far as physical therapy interventions, as the provider documented the patient was utilizing physical therapy more so passively for the cervical spine. California MTUS indicates, "Allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed physical medicine. Additionally, upon physical exam of the patient, the provider failed to document whether the patient presented with any objective functional deficits. The patient had noted 5/5 motor strength throughout the bilateral upper extremities. Given all of the above, the request for 12 physical therapy sessions (2 times a week for 6 weeks) is not medically necessary or appropriate.