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| Case Number: | CM13-0015694 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 07/26/2010 |
| Decision Date: | 02/28/2014 | UR Denial Date: | 08/01/2013 |
| Priority: | Standard | Application Received: | 08/23/2013 |

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 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 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 53 year old male who reported an injury on 07/26/2010. The mechanism of injury was repetitive lifting, pushing, and pulling. The diagnoses provided on the note dated 10/30/2013 were shoulder impingement and spine-cervical spondylosis without myelopathy. The New patient PT note dated 04/11/2013 indicated by the procedure codes the patient had a physical therapy evaluation, therapeutic exercises, and electric stimulation therapy, however the note failed to provide objective findings upon examination to establish a baseline of function, range of motion, flexibility, and pain. The PT visit note dated 08/06/2013 indicated the patient was responding well to physical therapy, had decrease pain and positive results from H wave treatment; however, the note failed to provide objective findings upon examination to establish a progress of function, range of motion, flexibility, and pain. The PT visit note dated 08/21/2013 indicated the patient had tolerated the treatment well, had decrease pain and positive results from H wave treatment, however, the note failed to provide objective findings upon examination to establish a measurable progress of function, range of motion, flexibility, and pain. The record dated 10/30/2013 indicated the patient tolerated treatment well, had decreased pain, had positive results from H wave treatment, and is responding well to physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 4 with H wave modality: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine and H-wave stimulation Page(s): 98, 117.

Decision rationale: The request for physical therapy 3 x 4 with h wave modality is non-certified. The CA MTUS states that, active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In addition, the CA MTUS states, that H-wave stimulation is not recommended as an isolated intervention. The records provided for review failed to provide objective findings that established a measure baseline of the patient's function, range of motion, flexibility, and pain; the notes failed to indicate the total number of physical therapy sessions completed; and the notes failed to provide a measurable effectiveness the physical therapy resulted in. In addition, the request failed to indicate what area of the body the therapy was for; and it included the H wave modality which is not recommended. As such, the records failed to provide adequate objective findings and failed to indicate the number of therapy session completed; and the request failed specify the body part and included a modality that is not recommended. Therefore, the request is non-certified.