

Case Number:	CM13-0016410		
Date Assigned:	11/06/2013	Date of Injury:	11/04/2000
Decision Date:	01/23/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/26/2013

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 Physical Medicine and Rehabilitation 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 50-year-old female who reported an injury on 11/04/2000. The patient is currently diagnosed with lumbago, pain in the thoracic spine, and right shoulder partial-thickness rotator cuff tear. The patient was seen by [REDACTED] on 09/04/2013. The patient reported 7/10 pain. Physical examination revealed normal gait, positive facet loading maneuver bilaterally, positive straight leg raise bilaterally, diminished strength. Treatment recommendations included medial branch blocks and continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two (2) times a week for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section.

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

Decision rationale: The California MTUS Guidelines state 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. Guidelines allow for fading of treatment frequency, plus active, self-directed home physical medicine. As per the

clinical notes submitted, the patient has been previously treated with physical therapy for diagnoses including cauda equina syndrome and lumbago. The patient completed 18 sessions of physical therapy as per the progress note dated 06/27/2013. The patient continued to report high levels of pain and demonstrated no change to physical examination from the previous evaluation on 06/20/2013. Therefore, continuation of treatment cannot be determined as medically appropriate. As such, the request is non-certified.