

Case Number:	CM13-0021818		
Date Assigned:	11/13/2013	Date of Injury:	02/18/2011
Decision Date:	01/15/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/09/2013

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 Anesthesiology and is licensed to practice in California and 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 48-year-old female who reported an injury on 02/08/2011. She is reported to complain of ongoing chronic lumbar, cervical, and shoulder pain. The patient is noted to have previously treated with extensive courses of physical therapy including a physical therapy course begun on 06/24/2013 at [REDACTED]. A clinical note dated 06/21/2013 noted the patient complained of acute pain and being unable to work because of it. On 07/09/2013, the patient was reported to state that the PT was effective and the medications were effective; her pain was 5/10. She attributed her improvement to physical therapy. She had discomfort in the right trapezius and upper back. She was still on modified duty and awaiting a splint. The patient is noted to have full range of motion and mobility of the neck. Her right shoulder was noted to have no subdeltoid tenderness at that time. A clinical note dated 09/06/2013 reported the patient had pain 7/10. She was reported to be improving but remained deconditioned. The additional therapy was not authorized. On physical exam, she was noted to have full range of motion with good mobility, normal deep tendon reflexes, and sensory exam. Her shoulder and mobility range of motion were good. There was no pain on arc of motion. She had full range of motion of the back with mobility improved.

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 per week for four (4) weeks for the thoracic and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 104.

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

Decision rationale: The patient is a 48-year-old female who reported an injury on 02/18/2011. She is reported to complain of chronic cervical pain, lumbar pain, and shoulder pain. The patient is noted to have previously treated with extensive physical therapy. She is noted to have had an exacerbation of her pain on 06/21/2013 and to have been referred for physical therapy. She underwent a physical therapy evaluation on 06/24/2013 and was referred for 8 sessions 2 times a week for 4 weeks. On 07/09/2013, the patient reported the PT was effective, her medications were effective, she continued to have 5/10 pain, and she attributed her improvement to physical therapy. She reported discomfort in the right trapezius and upper back and still being on modified duty. On physical exam, the patient is noted to have normal full range of motion and good mobility of the neck. On 09/06/2013, the patient is reported to complain of 7/10 pain and reported to be improving, but remained deconditioned. The patient is noted to continue to have full range of motion of the neck, back, and shoulder with good mobility at the neck and shoulder, no pain on arc of motion, and her mobility of the lumbar spine was reported to be improved. The California MTUS Guidelines recommend up to 9 to 10 visits for treatment of myalgia and myositis. They state that active therapy is based on the philosophy that exercises are beneficial in restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort and they state that patients should be instructed and expected to continue active therapies at home and as an extension of the treatment process in order to maintain improvement levels. As the patient is not noted on 09/06/2013 to have findings of range of motion or strength deficits on physical examination, the patient should be able to continue to improve with utilization of a home exercise program. As such, the request for additional physical therapy does not meet Guideline recommendations. Based on the above, the request for Physical Therapy two (2) times per week for four (4) weeks to the thoracic and lumbar spine is non-certified.