MAXIMUS Federal Services

Case Number:	CM13-0022465		
Date Assigned:	06/06/2014	Date of Injury:	12/06/2010
Decision Date:	07/23/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/10/2013

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. The expert reviewer is Board Certified in Physical Medicine & 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 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/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 injured worker is a 59-year-old male who reported an injury on 12/06/2010. The mechanism of injury was not provided. On 03/03/2014, the injured worker presented with bilateral shoulder and neck pain. Prior therapy included physical therapy twice a week, medications, and the use of a cane. Examination of the right shoulder revealed range of motion values of 150 degrees of flexion, 150 degrees of abduction, 80 degrees of internal rotation, and 90 degrees of external rotation. The range of motion values for the left shoulder were 120 degrees of flexion, 100 degrees of abduction, 60 degrees of internal rotation, and 60 degrees of external rotation. The provider recommended outpatient physical therapy to the cervical spine, bilateral shoulders, and bilateral knee. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PHYSICAL THERAPY (PT) TO THE CERVICAL SPINE, BILATERAL SHOULDERS, AND BILATERAL KNEE PAIN: Upheld

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

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

Decision rationale: The request for outpatient physical therapy to the cervical spine, bilateral shoulders, and bilateral knees is not medically necessary. The California MTUS states 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There was lack of documentation indicated the injured worker's prior course of physical therapy, as well as efficacy of the prior therapy. The guidelines allow for up to 10 visits of physical therapy; the amount of physical therapy visits that have already been completed regarding the cervical spine, bilateral shoulders, and bilateral knees were not provided. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The provider's request did not include the quantity or the frequency of the requested physical therapy visits. As such, the request is not medically necessary.