

Case Number:	CM13-0030152		
Date Assigned:	11/27/2013	Date of Injury:	09/11/2012
Decision Date:	02/04/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/26/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Ohio 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 43-year-old male who reported an injury on 09/11/2012. According to the documentation, the patient has been seen for intermittent left shoulder, mid back and low back pain that becomes moderate with activities of daily living. The patient has been undergoing work conditioning for his cervical, thoracic and shoulder regions. The patient had stated that his cervical pain was a 6/10 to 7/10; his intermittent left shoulder pain was a 7/10, and his thoracic spine was a level 8/10 to 9/10. He also noted that he had associated stiffness and weakness as well as tenderness to palpation along the cervical spine with spasms noted as well. The patient also had a decrease in lateral extension and had tenderness to palpation along the thoracic spine with spasms as well. The left shoulder was noted as having tenderness to palpation with decreased extension and weakness of the left upper extremity noted. The documentation does state that the patient has already had 8 authorized sessions of physical therapy. These treatments involved the cervical, thoracic and left shoulder. On the documentation dated 08/01/2013, the patient was reacting well to therapy but still experienced symptoms on exertion. The patient was most recently seen on 08/20/2013 with the same complaints of cervical, thoracic and left shoulder pain. The progress report noted that the patient had decreased lateral extension and decreased extension and weakness of the left upper extremity. The physician was now requesting physical therapy 2 times a week for 4 weeks for the cervical, thoracic and left shoulder.

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 four (4) weeks, cervical spine, thoracic spine, and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition.

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

Decision rationale: The California MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function and range of motion and can alleviate discomfort. Patients are instructed in and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Patients are allowed 9 to 10 visits over 8 weeks for myalgia or myositis, unspecified, and 8 to 10 visits over 4 weeks for neuralgia, neuritis and radiculitis, unspecified. As noted in the documentation, the patient has already undergone at least 8 sessions of physical therapy/work conditioning; and therefore, he should be well versed in continuing with home health exercises. Furthermore, the request for a total of 8 sessions of physical therapy for the cervical, thoracic and left shoulder exceeds the maximum allowed per the California MTUS under the physical medicine guidelines. As such, the requested service is non-certified.