

Case Number:	CM13-0033788		
Date Assigned:	12/06/2013	Date of Injury:	05/23/2008
Decision Date:	02/11/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/11/2013

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 and is licensed to practice in Illinois. 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 female who reported a work related injury on 05/23/2008; specific mechanism of injury was noted as a fall. The patient presents for treatment of the following diagnoses, cervical disc displacement, lumbosacral spondylosis without myelopathy, ankle sprain, and status post rotator cuff repair surgery. Clinical notes evidence the patient underwent electrodiagnostic studies on 06/20/2013 which revealed no abnormalities of the upper extremities. The clinical note dated 10/07/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient returns with continued complaints of left shoulder pain as well as cervical spine and lumbar spine pain. The provider documents the patient is receiving medications under a different physician. Physical exam continued to show spasm, tenderness, guarding, in the paravertebral musculature of the cervical and lumbar spine with loss of range of motion in both. Left shoulder exam revealed impingement and Hawkins signs with decreased range of motion on flexion and abduction. The provider documented medications, work restrictions, and disability status would now be deferred to the new primary treating physician. The provider documented the patient, should she experience and exacerbation, could return to clinic; otherwise, the patient's treatment would be deferred to the other physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 177-178,207,303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

Decision rationale: The current request is not supported. The request does not specify duration or frequency of treatment for supervised therapeutic interventions. Additionally, the patient presents status post her work related injury of over 5 years. It is unclear when the patient last utilized supervised therapeutic interventions and the efficacy of treatment. As California MTUS indicates, allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. At this point in the patient's treatment, an independent home exercise program would be indicated. Given all of the above, the request for physical therapy is not medically necessary or appropriate.