

Case Number:	CM13-0036048		
Date Assigned:	12/13/2013	Date of Injury:	10/13/2009
Decision Date:	02/19/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/18/2013

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 Sports Medicine and is licensed to practice in Texas and New York. 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 52-year-old female who reported an injury on 10/13/2009. The mechanism of injury information was not provided in the medical record. Review of the medical record revealed the patient continued to complain of pain in her neck, bilateral shoulders, and mid and lower back. Per the most recent clinical note dated 10/31/2013, the patient was working without restrictions. The patient's diagnoses include anxiety disorder, psychological factors affecting medical condition, pain disorder associated with both psychological and medical condition, and insomnia-type sleep disorder due to pain. On 10/31/2013 the patient stated that, both physically and emotionally, she was deteriorated. There were no objective findings reported on the clinical note dated 10/31/2013. The treatment plan consisted of weekly cognitive behavioral psychotherapy, medication, telephone consults, as well as related psychiatric and social services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical/lumbar spine and bilateral shoulders (3 times per week for 4 weeks): Upheld

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

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

Decision rationale: Per the California MTUS Guidelines, physical 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. There is no clinical documentation provided in the medical record citing that the patient has had any positive change in her functional capabilities, or a decrease in her pain, increased strength, or increased range of motion from the previously received physical therapy. Therefore, the medical necessity for further physical therapy at this time cannot be determined. As such, the request for physical therapy for the cervical/lumbar spine and bilateral shoulders 3 times a week for 4 weeks is not medically necessary or appropriate at this time.