MAXIMUS Federal Services

Case Number:	CM13-0036063		
Date Assigned:	12/13/2013	Date of Injury:	07/25/2013
Decision Date:	04/10/2014	UR Denial Date:	10/01/2013
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 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 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:

This patient sustained an injury on 7/25/13 while employed by SBM Site Services. A report of 9/18/13 from [redacted] noted the patient with complaints of neck, right shoulder and mid-back pain. Pain is relieved for a short period of time (no specification noted). Exam showed tenderness to palpation, palpable muscle spasm over the spinous processes and over right scapular area. Diagnoses included cervical spine sprain/strain; Thoracic spine sprain/strain; Right shoulder sprain/strain. Treatment included Ultram, Anaprox, Prilosec and continued PT 2x4 for the cervical and thoracic spine and right shoulder. The patient remained with significant work restrictions with no overhead activities and lifting limitations. A report dated 11/13/13 noted symptoms of pain 5-6/10 without medications or therapy and 4/10 with medications. Exam and diagnoses remained unchanged with continued unchanged medication profile. A request for additional PT was non-certified on 10/1/13, citing guidelines criteria and lack of medical necessity.â¿¿

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy 2x4 for the cervical spine, thoracic spine & right shoulder 2xwk x 4wks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Procedure Summary.

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

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The MTUS Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this July 2013 strain/sprain injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The request for additional physical therapy is not medically necessary and appropriate.