

Case Number:	CM13-0037281		
Date Assigned:	12/13/2013	Date of Injury:	10/19/1991
Decision Date:	03/18/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/27/2013

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 Internal Medicine and is licensed to practice in 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 57 year old female with a date of injury of 10/19/1991. She sustained a lifting injury to her neck, back and left scapula. She had two cervical fusions. She also had physical therapy, massage therapy, epidural steroid injections, activity modification, acupuncture, occipital nerve blocks, TENS and chiropractic care. On 04/16/2013, she reported thoracic spine pain. She had completed 3 physical therapy visits at [REDACTED]. On 05/09/2013, she had thoracic spine pain. She was taking Opana, Percocet and Norco. She had 3/10 pain in her right biceps and thoracic spine. She had tenderness to palpation of the cervical and thoracic spine paraspinal muscles. 8 physical therapy visits were requested in 05/2013 and were denied. On 08/20/2013, the request for 8 physical therapy visits were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy: 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99 and 48. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index, 7th Edition (Web) 2013, Shoulder, physical therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.99.

Decision rationale: The injury was in 1991 and since then she has had two cervical fusions and multiple courses of physical therapy for her neck, shoulder and spine. She is no longer doing heavy lifting and is working in real estate. Her most recent physical therapy was in 04/2013 and 05/2013. The physical therapy findings during those visits were not provided for review. There is no documentation that recent physical therapy increased her ability to perform activities of daily living. MTUS guidelines for chronic pain allow for a maximum of 10 visits and must be accompanied with objective documentation that the ability to do activities of daily living have been improved. Furthermore, with approval of the requested 8 visits she would have exceeded the maximum allowed physical therapy visits in the guideline. Additionally, by this point in time relative to the injury and surgeries and multiple courses of physical therapy, she should have been transitioned to a home exercise program. There is no objective documentation that continued formal physical therapy at this point in time is superior to a home exercise program. Also, there is no functional deficits that would preclude a home exercise program.