

Case Number:	CM13-0039879		
Date Assigned:	03/03/2014	Date of Injury:	09/17/2001
Decision Date:	06/30/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management 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 expert 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 60-year-old female who has submitted a claim for lumbago, right shoulder internal derangement, and anxiety reaction; associated from an industrial injury date of 09/17/2001. Medical records from 03/13/13 to 09/12/13 were reviewed and showed that patient complained of persistent neck, right shoulder, and back pain, graded 7.5/10. Physical examination showed restricted range of motion of the right shoulder with positive impingement sign. There was tenderness of the paravertebral lumbar muscle tenderness with spasm. Range of motion of the lumbar spine was restricted. Straight leg test was positive bilaterally. There was decreased sensation to the right foot. Treatment to date has included Norco, ketoprofen, orphenadine, omeprazole, Zolpidem, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TIMES FOUR FOR THE LUMBAR SPINE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, 98-99

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines §§9792.20 - 9792.26, Page(s): 99-100.

Decision rationale: As stated on page 99 to 100 of CA MTUS Chronic Pain Medical Treatment Guidelines, physical therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, patient complains of persistent back pain. Current treatment plan was to exhaust all conservative care before considering surgery. The medical records submitted for review did not show evidence of previous physical therapy. Therefore, the request for PHYSICAL THERAPY TWO TIMES FOUR FOR THE LUMBAR SPINE is medically necessary.

PHYSICAL THERAPY TWO TIMES FOUR FOR THE RIGHT SHOULDER:

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE , 98-99

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines §§9792.20 - 9792.26, Page(s): 99-100.

Decision rationale: As stated on page 99 to 100 of CA MTUS Chronic Pain Medical Treatment Guidelines, physical therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, patient complains of persistent shoulder pain. Current treatment plan was to exhaust all conservative care before considering surgery. The medical records submitted for review did not show evidence of previous physical therapy. Therefore, the request for PHYSICAL THERAPY TWO TIMES FOUR FOR THE RIGHT SHOULDER is medically necessary.