

Case Number:	CM13-0041421		
Date Assigned:	12/20/2013	Date of Injury:	12/28/2011
Decision Date:	02/05/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He 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 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 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 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 38-year-old female who reported a work related injury on 12/28/2011 as the result of a fall. Subsequently, the patient presents for treatment of the following diagnoses: cervical spine disc bulge, thoracic spine strain, lumbar spine disc bulge, right shoulder strain, left shoulder strain, right wrist/hand strain, left wrist/hand strain, right knee strain, left foot strain, and other problems unrelated to current evaluation. Most recent clinical notes submitted for review dated 08/28/2013 report the patient was seen under the care of [REDACTED]. The provider documents the patient was recommended to undergo shockwave therapy, aqua therapy, and physical therapy interventions 1 time a week for 6 weeks for the shoulder, cervical spine, and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 physical therapy sessions for the cervical spine, lumbar spine and right shoulder, 1x/wk for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The current request is not supported. The clinical notes failed to evidence recent physical exam findings of the patient to support utilization of supervised therapeutic interventions at this point in the patient's treatment. The clinical notes document the patient is over 2 years status post her work related injury fall sustained in 12/2011. The clinical notes failed to document the patient's reports of efficacy with previous utilization of physical therapy interventions and the efficacy of treatment, duration, and frequency of treatment. 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. The clinical notes failed to evidence support for utilization of supervised therapeutic interventions. At this point in the patient's treatment, an independent home exercise program would be indicated. Given all of the above, the request for 6 physical therapy sessions for the cervical spine, lumbar spine and right shoulder, 1x/wk for 6 weeks is neither medically necessary nor appropriate.