

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0043007 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 03/07/2013 |
| Decision Date: | 02/21/2014 | UR Denial Date: | 09/17/2013 |
| Priority: | Standard | Application Received: | 10/21/2013 |

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 & Rehabilitation and is licensed to practice in New York and Texas. 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 70 year old female with a history of neck, back and left shoulder pain resulting from a fall on 03/07/2013. The patient received a CT of the head which noted no abnormalities, CT of the cervical spine which noted moderated degenerative changes, CT of the lumbar spine which noted prominent diffuse degenerative disk disease with chronic spondylolisthesis, an X-ray of the thoracic spine which noted no fractures, and an X-ray of the left shoulder that was noted as negative. The patient had an initial physical therapy evaluation on 08/19/2013 documented and participated in a physical therapy program. The patient's range of motion was limited upon evaluation. On 10/22/2013, the patient was seen for a re-evaluation which noted objective improvements along with noted degeneration of some areas of range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy sessions for neck, low back, and left shoulder, 3 times per week for 4 weeks: Upheld

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

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

Decision rationale: The documentation submitted for review noted the patient participated in a physical therapy program for her neck, low back and left shoulder. The patient had noted improvement in some areas but it was also noted the patient's left shoulder and lumbar spine had shown increased limitation of range of motion. The California MTUS guidelines recommend physical therapy to improve deficits in strength, endurance, flexibility and range of motion. The patient had ongoing deficits. However, additional sessions are recommended for patients when significant objective improvement is noted. Furthermore, the patient participated in 12 physical therapy sessions. The guidelines recommend up to 10 visits over 8 weeks. Thus, the request for 12 additional sessions exceeds guideline recommendations. Given the information submitted for review the request for Physical therapy sessions for neck, low back, and left shoulder, 3 times per week for 4 weeks is non-certified.