

Case Number:	CM13-0045135		
Date Assigned:	12/27/2013	Date of Injury:	05/07/2013
Decision Date:	12/17/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/01/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, 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:

This is a patient with a date of injury of May 7, 2013. A utilization review determination dated October 7, 2013 recommends noncertification of physical therapy. Noncertification was recommended due to lack of documentation of objective functional benefit from previous physical therapy. A progress report dated October 17, 2014 identifies subjective complaints of low back pain with no radiation. Objective examination findings identify tender paraspinals around L4-L5 and L5-S1. Diagnoses include lumbar disc protrusion and degenerative disc disease. The treatment plan recommends physical therapy for the lumbar spine, obtain lumbar MRI CD, and consider possible epidural steroid injection. A progress report dated August 18, 2014 identifies subjective complaints of right medial and lateral elbow pain with activity. Physical examination states "no changes." The diagnosis is right shoulder impingement and right medial and lateral epicondylitis. The treatment plan recommends a right elbow strap. A report dated June 25, 2014 recommends medications, physical therapy, acupuncture, chiropractic care, and/or injections for flareups of shoulder symptoms. The right elbow and wrist also may benefit from medication, physical therapy, and injections. The note indicates that the patient has previously undergone physical therapy and medication. A progress report dated May 12, 2014 indicates that the patient last underwent physical therapy in December 2013 for the right shoulder, wrist, and elbow which "provided her relief." She is currently doing a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy three times a week for four weeks for the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Chapter, Physical Therapy, Shoulder Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, it is unclear how many sessions of therapy the patient has previously undergone. In light of the above issues, the currently requested additional physical therapy is not medically necessary.