

Case Number:	CM13-0047976		
Date Assigned:	12/27/2013	Date of Injury:	07/09/2011
Decision Date:	04/29/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/04/2013

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 and Rehabilitation and is licensed to practice in Massachusetts and 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 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:

On 7/9/2011, the claimant was involved in a work-related incident when she was working as an in-home care provider. At the time, she was assisting a client out of bed when the client fell forward onto the claimant and the claimant fell backwards onto the floor. Diagnoses included shoulder strain, lumbar strain and hip strain. She underwent acupuncture (approximately 12 treatments) and physical therapy (approximately 18 treatments), with limited improvement. She was placed on modified duty at work. She declined lumbar epidural steroid injection therapy, spine surgery, and right shoulder steroid injection therapy. She presented to her primary treating physician (an orthopedist) on 9/27/2013 with persistent pains involving the back (radiating into the groin and bilateral lower extremities), and right shoulder. Examination at that time noted tenderness to palpation over the paravertebral musculature, paraspinal muscle guarding, limited motion and increased low back pain with straight leg raise testing. A short course of physiotherapy for four weeks (twice a week) was recommended to help alleviate symptoms, improve motion, reduce need for prescription medication, and increase tolerance for activities. The claimant underwent physical therapy starting on 10/23/2013. Treatment included manual therapy, therapeutic exercises, ultrasound, electrical stimulation. As of 11/19/2013, she had complaints of pain with activities of daily living, restricted mobility, back pain, and numbness and tingling in the right lower limb. She had less range of motion than on the 10/23/2013 evaluation. Shoulder and back muscle performance were essentially unchanged versus the evaluation. As of 1/10/2014, a chiropractor noted "unchanged daily low back pain/muscle spasms." She was opined to be temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) PHYSICAL THERAPY SESSIONS FOR LOW BACK: Upheld

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

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

Decision rationale: The requested coverage for supervised physical therapy (x 8 sessions) for this claimant is not medically necessary given a lack of anticipated analgesic and/or functional benefit of a significant and sustained nature. Additional therapy would not have been expected to positively impact her symptomatology or functional status given her symptomatic history to date. She had, moreover, not derived significant benefit from therapy in the past. Review of the therapy records from 10/23/2013 to 11/19/2013 showed no objective improvement in range of motion, strength or function. In fact, her range of motion worsened. As of January 2014, she was still opined to be totally disabled. The requested physical therapy is not medically necessary. This determination is consistent with MTUS guidelines, which recommend a fading of supervised treatment and transition to active therapies at home. The claimant had already undergone previous formal therapy and should already have been fully transitioned to a home program. There were no proposed physical therapy exercise interventions or modalities that could not have been performed independently or substituted with an independent program. Notably, despite the recent therapy in October and November 2013, her symptoms and function did not improve. The requested physical therapy is not medically necessary.