

Case Number:	CM13-0050317		
Date Assigned:	12/27/2013	Date of Injury:	11/08/2012
Decision Date:	03/07/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/12/2013

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 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 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 65-year-old male who reported an injury on 11/08/2012 due to a fall that reportedly caused injury to her neck, head, shoulders, thoracic spine, lumbar spine, and legs. The patient was initially treated with physical therapy and medications. The patient also received treatment in the way of acupuncture and psychological support. The patient's most recent physical examination revealed paravertebral muscle tenderness and spasming with a positive straight leg raising test and decreased lower extremity reflexes. Evaluation of the cervical spine revealed paravertebral musculature tenderness with muscle spasming and restricted range of motion secondary to pain. Evaluation of the left shoulder revealed tenderness to palpation over the acromioclavicular joint with decreased range of motion and a positive impingement sign. The patient's diagnoses included cervical strain, left shoulder impingement, lumbar radiculopathy, left ankle sprain, and reactionary anxiety. The patient's treatment plan included medications for pain reduction and physical therapy for the neck, shoulders, back, left lower extremity, and bilateral legs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (12 sessions): Upheld

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

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

Decision rationale: The requested physical therapy 3 times a week for 4 weeks for the neck, shoulder, back, left lower extremity, and bilateral legs is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvements obtained during skilled supervised therapy. The clinical documentation does indicate that the patient previously received physical therapy. The efficacy of that therapy was not established in the documentation. Additionally, there is no documentation that the patient was transitioned into a home exercise program and is currently participating in self-managed active therapy. Therefore, a short course of treatment to re-assess, re-establish, and re-educate the patient in a home exercise program may be indicated. However, the requested 3 times a week for 4 weeks is excessive. As such, the requested physical therapy 3 times a week for 4 weeks for the neck, shoulders, back, left lower extremity, and bilateral legs, is not medically necessary or appropriate.