

Case Number:	CM13-0053454		
Date Assigned:	12/30/2013	Date of Injury:	03/04/2013
Decision Date:	07/25/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/18/2013

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 Interventional Spine 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:

The patient is a 31 year old female with an injury date on 03/4/2013. The exam on 08/26/2013 reveals, the patient's pain scale as: cervical spine 6/10, thoracic spine 8/10, lumbar spine 8/10, shoulder 6/10 and knee 7/10, improving with therapy. MRI of the right knee on 05/12/2013 did not show any abnormalities. [REDACTED] is requesting physical therapy 2 times a week for 4 weeks. The utilization review determination on 11/06/2013 is being challenged. [REDACTED] is the requesting provider, and he provided treatment reports from 03/13/2013 to 09/16/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X 4, BILATERAL SHOULDERS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 9792.24.2.

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

Decision rationale: According to the 08/26/2013 report by [REDACTED] this patient presents with neck, mid back, low back, and shoulder and knee pain. The current request is for 8 sessions of physical therapy but the treating physician's report and request for authorization containing the

request is not included in the file. The most recent progress report is dated 08/26/13 and the utilization review letter in question is from 11/06/2013. For physical medicine, the MTUS guideline recommends for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available reports show that the patient completed 8 of the 12 authorized sessions recently. No therapy reports were provided and there is no discussion regarding the patient's progress on any of the reports. The physician also does not provide any discussion regarding what is to be achieved with additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. Given the patient's 12 authorized therapy sessions, the request for an additional 8 sessions would exceed what is recommended by MTUS for this kind of condition. Therefore, the request for physical therapy 2 x 4, bilateral shoulders is not medically necessary.