

Case Number:	CM13-0053918		
Date Assigned:	12/30/2013	Date of Injury:	07/14/2006
Decision Date:	04/30/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/08/2013

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 Orthopedic Surgery and Hand Surgery, and is licensed to practice in Georgia 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 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:

California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. For myalgia and myositis unspecified, Guidelines allow for 9 to 10 visits over 8 weeks. The current request for 18 sessions of physical therapy exceeds guideline recommendations. Additionally, there is no evidence of objective functional improvement following an initial course of physical therapy. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified

IMR ISSUES, DECISIONS AND RATIONALES

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

18 physical therapy sessions for the right shoulder, cervical spine, lumbar spine, carpal tunnel, and thoracic region: Upheld

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

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. For myalgia and myositis unspecified, Guidelines allow for 9 to 10 visits over 8 weeks. The current request for 18 sessions of physical therapy exceeds guideline recommendations. Additionally, there is no evidence of objective functional improvement following an initial course of physical therapy. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.