

Case Number:	CM13-0059351		
Date Assigned:	12/30/2013	Date of Injury:	10/23/2009
Decision Date:	05/06/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/02/2013

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 Family 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:

The injured worker is a 75-year-old male who reported an injury on 10/23/2009 due to a fall. The injured worker reportedly sustained an injury to his neck, left shoulder and low back. The injured worker's treatment history included chiropractic care and medications. The injured worker was evaluated on 10/14/2013. It was documented that the injured worker had continued pain complaints of the neck radiating into the bilateral upper extremities and of the low back radiating into the bilateral lower extremities. Physical findings included tenderness to palpation of the subacromial space of the acromioclavicular joint of the left shoulder, reduced range of motion secondary to pain of the lumbar spine with tenderness to palpation of the bilateral paralumbar musculature with a positive straight leg raising test bilaterally and decreased sensation of the bilateral lower extremities. Evaluation of the cervical spine documented tenderness to palpation of the splenius, scalene, trapezius and levator scapulae musculature with decreased range of motion and a positive compression and distraction test. The injured worker's diagnoses included cervical spine pain, cervical spine radiculopathy, left shoulder internal derangement, left shoulder acromioclavicular arthrosis, lumbar spine pain and lumbar radiculopathy. A treatment recommendation was made for chiropractic care and physiotherapy and continued medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY VISITS FOR THE LEFT KNEE, CERVICAL AND THORACIC SPINE: Upheld

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

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

Decision rationale: The requested 12 physical therapy visits for the left knee, cervical and thoracic spine are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends physical therapy is based on documentation of functional benefit from prior physical therapy. Due to the age of the injury it would be expected that the injured worker had previously participated in physical therapy. However, the efficacy of that therapy was not provided for review. Additionally, California Medical Treatment Utilization Schedule recommends up to 8 to 10 visits for myalgia and radiculopathy. The requested 12 visits exceed this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond the guideline recommendations. As such, the requested 12 physical therapy visits for the left knee and cervical spine and thoracic spine are not medically necessary or appropriate.