

Case Number:	CM13-0061706		
Date Assigned:	06/09/2014	Date of Injury:	10/21/2010
Decision Date:	07/31/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/05/2013

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 is licensed to practice in 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:

The injured worker is a 61 year old female with a reported injury date of 10/21/2010. The mechanism of injury was not provided within the clinical notes. The clinical note dated 10/28/2013 reported that the injured worker complained of right shoulder and back pain. It was reported that the injured worker also complained of right trochanter and SI joint pain. The physical examination revealed right shoulder abduction demonstrated to 160 degrees, flexion to 160 degrees with a positive impingement sign. The lumbosacral active range of motion was within normal limits. It was reported that the injured worker had a positive Faber's test, right greater than left, with deep tendon reflexes to the bilateral lower extremities at 2+. The evaluation of the injured worker's cervical spine demonstrated active range of motion decreased 20% secondary to a fusion. The injured worker's diagnoses included cervical fusion, anterior technique; anterior soft tissue impingement; enthesopathy of hip region; and lumbago. The injured worker's prescribed medications were not provided within the clinical documentation. The provider requested additional physical therapy due to the previous therapy providing the injured worker with significant help. The Request for Authorization was submitted on 12/02/2013. The injured worker's prior treatments included previous physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 2 TIMES PER WEEK FOR 3 WEEKS FOR THE CERVICAL, HIP AND LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2013.

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

Decision rationale: The injured worker complained of right shoulder, leg and SI joint pain. The treating physician's rationale for additional physical therapy is due to the injured worker benefiting from previous physical therapy. The MTUS Chronic Pain Guidelines recognize active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition was not provided; there is a lack of documentation indicating that the injured worker has significant functional deficits. It is noted that the injured worker has had previous sessions of physical therapy; however, there was a lack of clinical information provided indicating the amount of sessions and if the injured worker had any documented functional improvement. Given the information provided, there is insufficient evidence to determine the appropriateness of continued therapy. As such, the request is not medically necessary and appropriate.