

Case Number:	CM13-0062844		
Date Assigned:	12/30/2013	Date of Injury:	02/07/2012
Decision Date:	04/11/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/09/2013

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 and is licensed to practice in Illinois. 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 51-year-old female who reported an injury on 02/07/2012. The mechanism of injury was not specifically stated. The patient is currently diagnosed with multilevel lumbar spondylosis, radiation in bilateral lower extremities, cervical disc bulge, left shoulder supraspinatus tendinosis, right shoulder sprain, left lower extremity pain, bilateral patellofemoral pain, myofascial pain syndrome, and gastrointestinal complaints. The patient was seen by [REDACTED] on 11/06/2013. The patient reported ongoing pain in bilateral shoulders, neck, lower back, and bilateral knees. Physical examination revealed painful range of motion of the bilateral shoulders, tenderness along the parascapular region as well as in the lower back, and crepitus with range of motion of the bilateral knees. Treatment recommendations included a follow-up with pain management, physical therapy twice per week for the next 6 weeks, and a refill of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to pain management: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs)..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the patient is currently being treated for chronic pain. The patient's physical examination continues to reveal limited and painful range of motion with tenderness to palpation. However, there is no documentation of an exhaustion of conservative treatment prior to the request for a specialty consultation. The medical necessity has not been established. Therefore, the request is non-certified.

Physical therapy 3 times a week for 4 weeks to the neck: Upheld

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

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. As per the documentation submitted, the patient's injury was greater than 1 year ago to date. Documentation of a previous course of physical therapy was not provided. The patient does demonstrate decreased and painful range of motion with tenderness to palpation. However, the current request for physical therapy 3 times per week for 4 weeks exceeds guideline recommendations. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Physical therapy 3 times a week for 4 weeks to the shoulders: Upheld

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

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. As per the documentation submitted, the patient's injury was greater than 1 year ago to date. Documentation of a previous course of physical therapy was not provided. The patient does demonstrate decreased and painful range of motion with tenderness to palpation. However, the current request for physical therapy 3 times per week for 4 weeks exceeds guideline

recommendations. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.