

Case Number:	CM13-0068055		
Date Assigned:	01/03/2014	Date of Injury:	04/17/2002
Decision Date:	06/04/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/19/2013

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 injured worker is a 65-year-old female who reported an injury on 04/17/2002. The mechanism of injury was not provided. The documentation of 10/30/2013 revealed that the injured worker had complaints of low back pain and bilateral shoulder pain as well as neck pain. The injured worker had difficulty with activities of daily living. The injured worker had a well healed incision over the right shoulder from prior surgery. The injured worker had spasms, tenderness and guarding in the paravertebral muscles of the cervical and lumbar spine with decreased range of motion. The physician indicated that the injured worker had 12 sessions of physical therapy and the request was made for 12 additional sessions. The diagnoses include cervical radiculopathy, lumbosacral radiculopathy, shoulder tendinitis/bursitis, knee tendinitis/bursitis and ankle sprain/strain

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY X 12 SESSIONS, CERVICAL, LUMBAR, RIGHT SHOULDER, LEFT KNEE, RIGHT ANKLE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines recommend physical medicine treatment for a maximum of 8 to 10 visits for the treatment of neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review indicated that the injured worker had undergone 12 sessions of physical therapy. There was lack of documentation of objective functional benefit received from the therapy and remaining functional deficits to support further therapy. The injured worker should be well versed in a home exercise program as the injury was noted to be in 2002. There was a lack of documentation of exceptional factors to warrant exceeding guideline recommendations. Given the above, the request for additional physical therapy is not medically necessary.