

Case Number:	CM13-0069663		
Date Assigned:	01/29/2014	Date of Injury:	07/10/2002
Decision Date:	12/19/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/23/2013

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 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:

This is a 57 year-old female with a 7/1/02 date of injury. The patient was most recently seen by physical therapy on 7/31/14, with complaints of pain in the neck and arms. She reported the most relief with the use of the TENs unit, and was also doing pool exercises. It is stated that the patient was unable to take either prescription or over the counter (OTC) medications, which limited her ability to control her pain. No physical exam findings were reported. The last note from a medical practitioner was dated 4/1/14, at which time the patient complained of right shoulder, cervical and lumbar pain. Exam findings for the right shoulder included a positive impingement sign, 4/5 external rotation/internal rotation/abduction, active range of motion (AROM) 0-90-degrees, and external rotation to 60-degrees. A treatment note dated 1/28/14, also reported depression because of pain. Here, the patient further reported that her right shoulder pain and stiffness was status quo. On this date, no exam findings were reported, stating that the patient declined because of too much right-sided pain. The patient's diagnoses included: 1) Right shoulder impingement. 2) Cervical radiculopathy. 3) Cervical spondylosis. 4) Sprain, lumbar region. 5) Shoulder region disorder. The medications included Lidoderm patch, Flector patch. Significant Diagnostic Tests: None included. Treatment to date: transdermal medications, physical therapy, pool exercises, home exercise program, transcutaneous electrical nerve stimulator (TENs) unit. An adverse determination was received on 12/9/13 due to inadequate documentation of beneficial effects from prior physical therapy, to warrant continuing physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2-3 visits for 4-6 weeks for 10 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) General Approaches: ACOEM Pain, Suffering, and the Restoration of Function Chapter 6 (page 114).

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency and functional goals. This patient has been under care for neck, back, and right shoulder pain following an industrial injury that occurred in 2002. To date, she has received conservative care in the form of transdermal medications, physical therapy, and a TENs unit. In her most recent treatment notes, the patient reports continued pain and disability related to these injuries, as well as overlapping depression. In addition, she reported that despite these measures, her condition was status quo. CA MTUS guidelines stipulate the importance of a time-limited treatment plan with clearly defined goals, and frequent monitoring regarding improvements in functional capacity, and in activities of daily living. However, no such documentation was provided in the treatment records reviewed, which extended back over 1 year. Moreover, no past treatment protocols, diagnostic studies, or outcomes were included, which would support continuing physical therapy. Therefore, the request for Physical Therapy 2-3 visits for 4-6 weeks for 10 visits is not medically necessary.