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| Case Number: | CM13-0069695 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 11/01/2012 |
| Decision Date: | 06/04/2014 | UR Denial Date: | 12/05/2013 |
| 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 51-year-old who reported an injury on November 1, 2012. The injured worker was diagnosed with neck, shoulders, and back pain. It is reported that the injured worker had a motor vehicle accident on October 19, 2013 which aggravated his condition. He completed 12 of 12 sessions of physical therapy as of November 1, 2013 with moderate improvement; however, the injured worker continues to report his pain range 9/10. His active range of motion cervical findings were flexion 25 degrees, extension 45 degrees, right side bend 19 degrees, left side bend 21 degrees, right rotation 34 degrees and left rotation 45 degrees. The injured worker's shoulder active range of motion findings were left flexion 151 degree, right flexion 160 degree, left extension 12 degree , right extension 14 degrees, left abduction 169, right abduction 169, left external rotation 58, right external rotation 62, left internal rotation 61, right internal rotation 55; the lumbar active range of motion findings were flexion 70 degrees, extension 41 degrees, ride side bend 26 degree, left side bend 18 degree, right side rotation 28 degrees, and left side rotation 28 degrees. He is able to reiterate the lessons learned to his therapist. The injured worker's medication regimen includes naproxen, norco and valium. The request for authorization was sent on October 31, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY ONCE A WEEK FOR SIX WEEKS FOR THE BILATERAL SHOULDERS, CERVICAL SPINE, AND LUMBAR SPINE: Upheld

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

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

Decision rationale: The request for additional physical therapy once a week for six weeks for the bilateral shoulders cervical spine, and lumbar spine is non-certified. The California Chronic Pain Medical Treatment Guidelines instruct and expect injured workers to continue active therapies at home as a continuation of the therapy process in order to maintain improvement. The medical records indicated the injured worker completed twelve out of twelve sessions of physical therapy. Therefore, given the injured worker has completed the appropriate amount of physical therapy and should be able to carry out a home exercise program at this time. The request for six additional sessions of therapy would exceed guideline recommendations for total duration of care. The request for additional physical therapy once a week for six weeks for the bilateral shoulders, cervical spine, and lumbar spine is not medically necessary or appropriate.