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| Case Number: | CM13-0070694 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 07/06/2013 |
| Decision Date: | 05/30/2014 | UR Denial Date: | 12/20/2013 |
| Priority: | Standard | Application Received: | 12/26/2013 |

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 and 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 34 year old male who reported an injury on 07/26/2013 that consisted of boxes falling off a pallet and that landed on him knocking him to the ground. He was diagnosed with contusion of the left shoulder and back. In the clinical notes dated on 12/02/2013, the injured worker complained of left posterior shoulder pain that was made worse with lifting, carrying, pushing, and pulling. He also complained of constant low back pain that was made better with walking or lying down and worse with lifting and bending activities. The physical examination documented reproduction of pain by palpation of his left shoulder. He also demonstrated palpable guarding in his left lumbar paraspinals, and pain of the left gluteal muscles, of which he rated both as 5/10. The treatment plan discussed his past treatment of 6 sessions of physical therapy for his lumbar spine that was described as very passive with hot packs and other modalities. The injured worker had physical therapy on 09/10/2013 and 09/17/2013. In the physical therapy notes date 09/10/2013 there was little documentation of injured worker's participation. This was also noted on the physical therapy notes dated 09/17/2013. The request was for 8 sessions of physical therapy for his left shoulder and six sessions for his lumbar spine at a different physical therapy location. The medications discussed were the continuation of Tylenol and ibuprofen on an as needed basis. Work restrictions were no lifting, carrying, pushing, and pulling more than 25 pounds. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY LEFT SHOULDER QTY: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: The California MTUS guidelines state that 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. 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. In the clinical notes, it was documented that the injured worker had past physical therapy; however, the physical therapy notes documented limited participation from the injured worker. The clinical notes did not document if the injured worker had tried home exercises or if he had taken any of the pain medications and the efficacy of them. Therefore, the request for physical therapy left shoulder 8 sessions are not medically necessary.

PHYSICAL THERAPY LUMBAR SPINE QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: The California MTUS guidelines state that 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. 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 instructions. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. In the clinical notes, it was documented that the injured worker had past physical therapy; however, the physical therapy notes documented limited participation from the injured worker. The clinical notes did not document if the injured worker had tried home exercises or if he had taken any of the pain medications and the efficacy of them. Therefore, the request for Physical Therapy lumbar spine 6 sessions are not medically necessary.

