

Case Number:	CM14-0002874		
Date Assigned:	04/04/2014	Date of Injury:	10/11/2011
Decision Date:	05/08/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/08/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases, 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:

The injured worker is a 47-year-old male who reported an injury on October 11, 2011. The mechanism of injury was not stated. Current diagnoses include a neck sprain, lumbar sprain and thoracic or lumbosacral neuritis or radiculitis, unspecified. The injured worker was evaluated on December 9, 2013. The injured worker reported persistent pain in the cervical spine, lumbar spine and bilateral shoulders. Physical examination revealed tenderness to palpation, spasms and reduced range of motion. Treatment recommendations at that time included a followup visit and continuation of physical therapy twice per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) PHYSICAL THERAPY VISITS: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function and range of motion and can alleviate discomfort.

Guidelines allow for a fading of treatment frequency plus active, self-directed home physical medicine. There is no documentation of a previous course of physical therapy. Without evidence of objective functional improvement, additional therapy cannot be determined as medically appropriate. The injured worker reports chronic pain in the cervical spine, lumbar spine and bilateral shoulders. However, there was no specific body part listed in the current request. The request for eight physical therapy visits is not medically necessary or appropriate.

ONE FOLLOW UP VISIT WITH [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

Decision rationale: The Shoulder Complaints Chapter of the ACOEM Practice Guidelines states physician follow-up generally occurs when a release to modified, increased, or full activity is needed, or after appreciable healing or recovery can be expected. As per the documentation submitted, there is no evidence of a significant musculoskeletal or neurological deficit upon physical examination. There is no documentation of an active medication list. The injured worker has participated in a course of physical therapy and should be well versed in a home exercise program. The medical necessity for an additional follow-up visit has not been established. The request for one follow up visit with [REDACTED] is not medically necessary or appropriate.