

Case Number:	CM14-0003824		
Date Assigned:	05/23/2014	Date of Injury:	01/15/2013
Decision Date:	07/11/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/10/2014

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 Chiropractic, and is licensed to practice in Texas. 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 64 year old patient sustained an injury on 1/15/13 while employed by [REDACTED]. A report of 11/20/13 from the provider noted the patient with complaints of pain in the head, neck, bilateral shoulder and low back with constant numbness, tingling, muscle weakness, and aches. An exam of the bilateral shoulders showed range limited in all planes, tenderness to palpation over periscapular and trapezius muscles with left impingement. Treatment plan included aquatic therapy to increase activities of daily living and to decrease pain and spasm. A report of 12/31/13 noted the patient having completed the 8 aquatic visits with benefit in strength and movement. It was also noted "The prior 12 sessions of physical therapy sessions gave minimal benefit. She stated that overall she felt a little better." Exam again showed tenderness at shoulder with positive impingement. Request for physical therapy/ aquatic therapy to the lumbar spine was non-certified on 12/30/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 ADDITIONAL PHYSICAL THERAPY/AQUATIC THERAPY VISITS FOR THE LUMBAR SPINE, TWICE A WEEK FOR 4 WEEKS, AS AN OUTPATIENT: 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 Page(s): 22, 98-99.

Decision rationale: There are no clinical findings documented for the lumbar spine with previous physical therapy providing some benefit not specifically defined. The patient is not status-post recent lumbar or knee surgery nor is there a diagnosis requiring gentle aquatic rehabilitation. The patient has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is no clear measurable evidence of progress with previous PT including milestones of increased ROM, strength, and functional capacity. The MTUS Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. Multiple medical records provided for review have documented unchanged chronic pain symptoms, unchanged clinical findings with continued treatment plan for PT without demonstrated functional benefit. Without documentation of current deficient baseline with clearly defined goals to be reached, medical indication and necessity for formal PT has not been established. The request is not medically necessary and appropriate.