

Case Number:	CM14-0005781		
Date Assigned:	02/05/2014	Date of Injury:	06/07/2001
Decision Date:	06/27/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/15/2014

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 Occupational Medicine 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 66-year-old female with a 6/7/01 date of injury. The exact mechanism of injury has not been described. An agreed medical evaluation (AME) dated 4/11/12 indicated the patient should have future medical care for her knee and should have short courses of physical therapy as felt necessary. On 12/6/13, the patient presented for a follow-up and states the right shoulder has been in more pain. The pain radiates to the cervical spine. Objective: less crepitus to right shoulder, swelling in proximal interphalangeal (PIP) joints. Diagnostic Impression: cervical degenerative disease and lumbar sprain. Treatment to date: medication management, activity modification. A UR decision dated 12/26/13 denied the request based on the fact that there is no documentation of past response to physical therapy. There is a gap in treatment records of almost 3 years, from 8/10 to 7/13. There is very limited objective exam of the neck, low back, and shoulder. It is unknown whether the patient is compliant with a home exercise program. There is no rationale provided for the number of sessions being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PROSPECTIVE PHYSICAL THERAPY SESSIONS FOR THE CERVICAL SPINE LUMBAR SPINE AND BILATERAL SHOULDERS, 3 X WK FOR 4 WEEKS: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. 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. However, there is no clear description of any functional improvement gained from the prior physical therapy sessions. This patient has had physical therapy previously. It is unclear if she is compliant with a home exercise program. Guidelines require documentation of functional improvements and gains in activities of daily living prior to certifying additional physical therapy. In addition, there is no rationale provided for 12 sessions of physical therapy, and the objective examinations of the shoulders, back, and neck are extremely limited. This request, as submitted, is not medically necessary.