

Case Number:	CM14-0009397		
Date Assigned:	02/12/2014	Date of Injury:	07/11/2013
Decision Date:	07/14/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/22/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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 43-year-old female with a 7/11/13 date of injury. The patient was trying to catch a falling client when she strained her neck, back, left shoulder, and right leg. On 12/2/13, the patient's physical exam documented decreased lumbar ROM with tenderness to palpation, decreased 4/5 strength, and decreased sensation to the right L4-5 dermatomes. She also had 150 degrees of flexion to her left shoulder with positive impingement testing. Diagnostic Impression: lumbar myospasm, left shoulder impingement syndrome, and lumbar spine disc protrusion. Treatment to date: PT x 12 sessions. A UR decision dated 12/20/13 denied the request for physical therapy because the patient has completed 12 sessions of physical therapy to date, and continues to demonstrate decreased strength, tenderness to palpation, decreased sensation, positive impingement and decreased ROM. There is no documentation of physical therapy treatment efficacy or functional gains. In addition, the recommendation for an additional 12 sessions of physical therapy exceeds guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LEFT SHOULDER AND LUMBAR SPINE 3 TIMES

4: 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 based on Non-MTUS Citation pain, suffering, and the restoration of function chapter (ACOEM practice guidelines, 2nd edition (2004), chapter 6) page 114; official disability guidelines (ODG), shoulder chapter: physical therapy guidelines, low back chapter: physical therapy guidelines.

Decision rationale: The California MTUS guidelines stress 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, this injured worker has already had 12 sessions of physical therapy and this request is for an additional 12 sessions. Guidelines support up to 10 sessions of physical therapy for rotator cuff/impingement syndrome and 10-12 sessions for sciatica. If the injured worker had an additional 12 sessions of physical therapy, that would equal 24 sessions, which far exceeds guidelines recommendations. There is no clear rationale provided as to why this injured worker needs additional physical therapy sessions to exceed guideline recommendations. In addition, there is no clear description of significant functional improvement or gains in activities of daily living from the original physical therapy sessions. It is unclear if the injured worker is currently working. Therefore, the request for Physical Therapy for the Left Shoulder and Lumbar Spine 3 times 4 was not medically necessary.