

Case Number:	CM14-0009790		
Date Assigned:	02/21/2014	Date of Injury:	09/24/2013
Decision Date:	07/14/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/23/2014

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:

The patient is a 45 year old male who has submitted a claim for rotator cuff syndrome, cervical sprain/strain, and lumbosacral sprain/strain; associated with an industrial injury date of 09/24/2013. Medical records from 09/26/2013 to 12/02/2013 were reviewed and showed that patient complained of left shoulder, neck, and low back pain that radiates to the left upper arm. Physical examination showed tenderness and spasms noted over the left shoulder and lumbar spine. There was decreased range of motion. Cervical compression, Kemp's, Milgram's and distraction tests were positive. DTRs were normal. Motor strength was normal. Sensation was intact. Treatment to date has included medications and physical therapy. A utilization review dated 01/02/2014 denied the request for additional physical therapy sessions because the patient has had 21 sessions to date and was still out of work, and there was no objective evidence of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 RETROSPECTIVE OR ADDITIONAL SESSIONS OF PHYSICAL THERAPY 2 TIMES WEEKLY FOR 4 WEEKS, FOR THE LEFT SHOULDER AND LUMBAR SPINE: 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
PHYSICAL MEDICINE Page(s): 98.

Decision rationale: As stated on pages 98-99 of the MTUS Chronic Pain Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. Guidelines recommend 9-10 visits over 8 weeks. In this case, patient has had 16 physical therapy sessions to date. This clearly exceeds the MTUS Chronic Pain Guidelines' recommendations. In addition, there was no objective evidence of functional improvement (i.e., reduced medication intake, return to work, ADLs). Moreover, the patient should be well-versed on a home exercise program, having had previous physical therapy. There is no compelling indication for variance from the guidelines. Therefore, the request is not medically necessary.