

Case Number:	CM14-0010783		
Date Assigned:	02/21/2014	Date of Injury:	01/12/2011
Decision Date:	06/26/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/27/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 78-year-old male who reported an injury on 01/12/2011 due to cumulative trauma. The clinical note dated 11/26/2013 noted the injured worker presented with complaints of right shoulder pain, right wrist pain, low back pain, and right knee pain. The physical exam revealed range of motion values to the right shoulder of 140 degrees of flexion, 45 degrees of extension, 140 degrees of abduction, 35 degrees of adduction, 60 degrees of external rotation, and 60 degrees of internal rotation. The injured worker had a positive impingement sign, Neer, and Hawkins position on the right side. The injured worker's diagnoses were status post right shoulder sprain/strain and rotator cuff tear, status post right shoulder arthroscopic decompression and labral debridement and Mumford resection with rotator cuff repair on 04/16/2003, right shoulder residual adhesive capsulitis, right wrist status post bite and laceration with subsequent infection and resolution with residual arthralgia, lumbar spine status post sprain/strain, lumbar degenerative disc disease with right lower extremity radiculopathy, spinal cord stimulator and subsequent removal in 2005, status post lumbar laminectomy on 10/20/1998, with lumbar laminectomy discectomy at L3-4 and L4-5, diagnostic epidural spinal endoscopy on 06/11/2001, status post lumbar surgery with fusion on 03/12/2008, status post right knee sprain/strain, status post arthroscopic partial meniscectomy, partial-thickness rotator cuff labral tear with severe impingement syndrome, and slight swelling over the dorsal aspect of the wrist with tenderness. The provider's rationale for additional physical therapy sessions was not included, and the Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X4 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2013, Low Back Chapter, Physical Therapy Guidelines

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

Decision rationale: The request for physical therapy 2 times a week for 4 weeks is non-certified. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines recommend up to 10 visits of physical therapy. There was a lack of documentation indicating the injured worker's prior course of physical therapy as well as efficacy of the prior therapy. The amount physical therapy visits that have already been completed by the injured worker were not indicated within the medical records. Additionally, the site at which the therapy was to be performed was not specified within the submitted request. Therefore, the request is not medically necessary.