

Case Number:	CM14-0012611		
Date Assigned:	02/24/2014	Date of Injury:	07/27/2004
Decision Date:	07/21/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/31/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 year old who reported an injury on 07/27/2004 from an unknown mechanism of injury. The injured worker had a history of increased lower back, shoulders, and right hip pain that radiated down both arms and legs. The pain level is at 10/10. Upon examination on 01/06/2014, the injured worker's range of motion to the cervical spine was forward flexion 40 degrees, extension 50 degrees, rotation to the left 50 degrees, rotation the right 40 degrees, lateral bending to the left 5 degrees, lateral bending to the right 10 degrees. the shoulders showed forward flexion left 70 degrees, forward flexion right 80 degrees, abduction left 80 degrees, abduction right 90 degrees. The lumbar spine showed forward flexion 90 degrees, extension 15 degrees, lateral bending to left 5 degrees, lateral bending to right 10 degrees. the shoulders showed forward flexion left 70 degrees, extension 15 degrees, abduction left 80 degrees, abduction right 90 degrees. the lumbar spine showed forward flexion 90 degrees, extension 15 degrees, lateral bending left 15 degrees, lateral bending right 15 degrees, rotation left 10 degrees and rotation right 10 degrees. The injured worker had diagnoses of lumbosacral strain, cervical spinal stenosis, sciatica, shoulder sprain, rotator cuff syndrome/bursitis, hypertension, hyperuremia, and hyperlipidemia. The injured worker's treatments were physical therapy and medications. The medications were Terocin Lotion, Gralise ER 600 mg, Tylenol extra strength 500 mg, Tizanidine HCL 4 mg, Gabapentin 300 mg, Tramadol HCL ER 150 mg, Benicar 40 mg, Bystolic 10 mg, Lotrel 10-40 mg, Tekturna 300 mg, and Atorvastatin 20 mg. The treatment plan was for physical therapy 2 x week for 6 weeks bilateral shoulder, low back, neck. The request for authorization form was dated 01/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X/WEEK FOR 6 WEEKS BILATERAL SHOULDERS, LOWER BACK, NECK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: The MTUS Chronic Pain Guidelines state physical therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. The injured worker had an unknown number of physical therapy sessions in 2011 that reduced pain and improved level of function, however the improvements were not qualified or quantified. There was a lack of additional documentation for medications used to provide relief from pain and if home exercises are being used. There is also a lack of details regarding functional deficits on examination to support the need for physical therapy. The injured worker's injury is over 9 years old. There is insufficient evidence that receiving physical therapy this late on would enhance the patient's quality of daily living. As such, the request is not medically necessary and appropriate.