

Case Number:	CM14-0013021		
Date Assigned:	02/24/2014	Date of Injury:	08/22/2013
Decision Date:	07/21/2014	UR Denial Date:	01/28/2014
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 65-year-old female who reported an injury on 08/22/2013. The mechanism of injury involved a fall. Current diagnoses include cervical strain, right shoulder impingement syndrome, acromioclavicular osteoarthritis of the right shoulder, right shoulder tendinopathy, lumbosacral strain, L4 compression fracture, resolved left foot contusion, and adhesive capsulitis of the right shoulder. The injured worker was evaluated on 01/10/2014. The injured worker reported persistent neck stiffness with decreased range of motion. Physical examination of the cervical spine revealed mildly decreased cervical lordosis, tenderness to palpation, decreased range of motion, and negative Spurling's maneuver bilaterally. Treatment recommendations at that time included physical therapy for the cervical spine, right shoulder, and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TMES 12 FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The California MTUS Guidelines state 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. Treatment for unspecified myalgia and myositis includes 9 to 10 visits over 8 weeks. The current request for 12 sessions of physical therapy exceeds guideline recommendations. Additionally, it was noted that the injured worker was previously treated with physical therapy twice per week for 4 weeks without any evidence of clinical improvement. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.

PHYSICAL THERAPY X12 RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The California MTUS Guidelines state 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. Official Disability Guidelines state physical medical treatment for impingement syndrome includes 10 visits over 8 weeks. The current request for 12 sessions of physical therapy for the right shoulder exceeds guidelines recommendations. Therefore, the current request is not medically necessary.

PHYSICAL THERAPY X12 LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The California MTUS Guidelines state 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. Treatment for unspecified myalgia and myositis includes 9 to 10 visits over 8 weeks. The current request for 12 sessions of physical therapy exceeds guideline recommendations. Additionally, it is noted that the injured worker has been previously treated with physical therapy without any evidence of objective functional improvement. Therefore, the current request is not medically necessary.