

Case Number:	CM14-0013114		
Date Assigned:	02/24/2014	Date of Injury:	02/20/2013
Decision Date:	08/07/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/03/2014

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 65-year-old female patient with a 2/20/13 date of injury. The mechanism of injury was not provided. A progress report dated on 7/18/13 indicated that the patient's main complaint was pain in her right shoulder, 7-8/10 that was intermittent and non-radiating and described as pins and needles. A 12/19/13 progress report was hand written and partially illegible. It indicated that the patient complained of lower back and right shoulder pain. The patient reported that she was not able to sit and walk more than 10 minutes without pain and discomfort. Objective findings revealed decreased range of motion in the lumbar spine with flexion to 40 degrees, extension 15 degrees, and bilateral bending to 15 degrees. There was tenderness to palpation over paravertebral muscles. She was diagnosed with Sprain of the left hip, Sprain of the right shoulder, and Contusion of the left knee. Treatment to date includes medication management and physical therapy (total 20 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 3 times a week for 4 weeks, to the left hip, right shoulder, right elbow, and right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Pain, Suffering, and the Restoration of Function, Chapter 6, page 114.

Decision rationale: The California MTUS stresses 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. In this case, there was documentation supporting 20 completed physical therapy sessions. However, there were no physical therapy notes available. There was no documentation in regards to objective significant functional gains or pain relief. In addition, it was unclear why the patient has not been able to transition successfully to a home exercise program. Therefore, the request for physical therapy, 3 times a week for 4 weeks, to the left hip, right shoulder, right elbow, and right wrist is not medically necessary and appropriate.