MAXIMUS Federal Services

Case Number:	CM14-0013270		
Date Assigned:	02/26/2014	Date of Injury:	05/06/2013
Decision Date:	08/07/2014	UR Denial Date:	01/24/2014
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:

This is a 42-year-old male patient with a 5/6/13 date of injury. 1/20/14 progress report indicates persistent neck pain and radiating down the left upper extremity, associated with numbness and weakness. There is also left shoulder pain, described as moderate and left hip pain, minimal low back pain. Cervical exam demonstrates tenderness and spasm with limited range of motion, limited left shoulder range of motion, left shoulder tenderness, limited lumbar range of motion, the whole left lower extremity motor strength with positive straight leg raise test on the left.The patient has had 24 sessions of physical therapy completed, local injection therapy, medication, and activity modification. The patient underwent left hip surgery with chronic residual pain in the left hip.There is documentation of a previous 1/24/14 adverse determination for lack of progression into an independent home exercise program and because the patient has exceeded and exhausted physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 times 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6 (page 114).

Decision rationale: CA 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. However, the medical reports do not clearly establish objective and measured functional gains, improvement with activities of daily living, or discussions regarding return to work as a result of previous physical therapy. In addition, the proposed number of visits in addition to the number of visits already completed would exceed guideline recommendations. There is no clear description of education with respect to independent exercises, compliance, or failure of an independent program to address the residual deficits. Therefore, the request for additional physical therapy 2 times 4 was not medically necessary.