

Case Number:	CM14-0014811		
Date Assigned:	02/28/2014	Date of Injury:	03/12/2013
Decision Date:	08/11/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/05/2014

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 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 43-year-old female who has submitted a claim for cervical spine sprain/strain, degenerative disc disease of the lumbar spine, lumbosacral sprain and epicondylitis associated with an industrial injury date of March 12, 2013. The medical records from 2013 through 2014 were reviewed, which showed that the patient complained of constant right knee pain, right shoulder pain, neck and back pain. The physical examination revealed an antalgic and unstable gait. He exhibited difficulty with standing, arising from sitting, climbing on table, achieving recumbency and arising from recumbency. The patient still had difficulty with lifting, reaching and twisting. There was still limitation of shoulder and elbow range of motion. The treatment to date has included acupuncture, epidural injections, chiropractic treatment, physical therapy, and medications, which include Tramadol, Naproxen and Prilosec. Utilization review from January 29, 2014 denied the request for physical therapy 3 times a week for 4 weeks on the right shoulder, right elbow, and lumbar spine because the patient has completed 9 physical therapy visits from 11/27/13-12/27/13 to the neck, low back and right upper extremity which were helpful. Therefore the medical file did not indicate additional physical therapy as medically necessary.

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 ON THE RIGHT SHOULDER, RIGHT ELBOW AND LUMBAR SPINE: 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 Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Physical Therapy; Shoulder, Physical Therapy; Low Back, Physical Therapy.

Decision rationale: According to pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. Official Disability Guidelines recommend 8 visits over 5 weeks for lateral epicondylitis/tennis elbow, 10 visits over 8 weeks for shoulder sprains and 10 visits over 8 weeks for lumbar sprains/strains. In this case, as cited from the UR done on January 29, 2014, the patient already had 9 sessions of physical therapy. She also has had an unknown number of chiropractic treatment sessions. It is therefore expected that the patient has received more than an adequate number of supervised physical therapy sessions for her condition that she should be well versed in a self-directed home exercise program. In addition, it is unclear as to why additional supervised physical therapy sessions are needed. Furthermore, with the addition of the present request for 12 sessions, the total number would exceed the number of sessions as recommended by the guidelines. Therefore, the request for 12 physical therapy visits for the right shoulder, right elbow and lumbar spine is not medically necessary.