

Case Number:	CM14-0128788		
Date Assigned:	09/16/2014	Date of Injury:	10/12/2011
Decision Date:	10/17/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/13/2014

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, has a subspecialty in Pain Management 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 patient with a date of injury of 10/12/11. A utilization review determination dated 8/4/14 recommends non-certification of PT x 12 sessions. 7/16/14 medical report identifies daily headaches and pain in the cervical spine, left shoulder/arm/hand, bilateral elbows, and thoracic/lumbar spine. On exam, there are spasms, limited ROM, decreased sensation C5-6 and L5-S1 left, Spurling and Lhermitte with pain in the left arm, and some pain with trunk rotation. Recommendations included a left shoulder subacromial injection and PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Cervical/Left Shoulder - 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, NECK & UPPER BACK PHYSICAL THERAPY; SHOULDER PHYSICAL THERAPY

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 of 127.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within

the documentation available for review, the patient has a longstanding injury, but there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.