

Case Number:	CM14-0130690		
Date Assigned:	08/20/2014	Date of Injury:	03/29/2014
Decision Date:	09/23/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/15/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine, and is licensed to practice in Pennsylvania. 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 55-year-old gentleman with a date of injury of 03/29/2014. A physical therapy daily note by [REDACTED] dated 08/18/2014 identified the mechanism of injury as the worker was riding in a van when a car crashed against the side of the van where the worker was sitting, resulting in right shoulder, neck, and upper and lower back pain. This physical therapy daily note, an office visit note by [REDACTED], and office visit notes by [REDACTED] dated 07/03/2014 and 07/28/2014 indicated the worker was experiencing right shoulder, mid-back, and lower back pain. [REDACTED] note dated 07/03/2014 reported the back pain was significantly improved with the medications. Documented examinations consistently described right shoulder tenderness, decreased shoulder motion, and tenderness in the mid- and lower back areas. The submitted and reviewed documentation concluded the worker was suffering from right shoulder impingement, a probable rotator cuff injury and mid- and lower back strain. Treatment recommendations included continued medications, a MRI of the shoulder, and follow up visits. A Utilization Review decision by [REDACTED] was rendered on 08/08/2014 recommending partial certification of three sessions of occupational therapy to treat lumbar and shoulder issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy for lumbar and shoulder 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 195-225, 287-328.

Decision rationale: The MTUS Guidelines recommend using active therapies in physical medicine to help control pain and swelling during the rehabilitation process. Active treatment is based on the idea that therapeutic exercise can be helpful in restoring strength, function, and joint movement. The worker is instructed and is then expected to continue the active treatments at home as an extension of the treatment process in order to maintain the improvement level. The guidelines recommend allowing for a fading session frequency during the transition from instruction to a self-directed home exercise program. The submitted and reviewed documentation reported the worker had completed therapy with minimal improvement in his right shoulder pain and function. A physical therapy daily note by [REDACTED] dated 08/18/2014 reported the worker showed good recall of the home exercise program. The reviewed records indicated the medications provided the worker with significant control of his back pain. There was no discussion suggesting how additional instructional therapy sessions would further benefit the patient beyond the benefits of continuing the home exercise program. In the absence of such evidence, the current request for six sessions of occupational therapy to treat lumbar and shoulder issues is not medically necessary.