

Case Number:	CM14-0137506		
Date Assigned:	09/05/2014	Date of Injury:	05/19/2014
Decision Date:	10/02/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/25/2014

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 Preventive 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:

According to the records made available for review, this is a 29-year-old male with a 5/19/14 date of injury. At the time (8/5/14) of request for authorization for Physical Therapy 2xwk X 4wks R Shoulder, Lumbar, Thoracic and Cervical Spine, there is documentation of subjective (right shoulder pain with popping and clicking) and objective (tenderness over the right shoulder, decreased range of motion with pain, positive impingement test, and crepitus noted) findings, current diagnoses (right shoulder strain/sprain with impingement, thoracic spine sprain/strain, lumbar spine sprain/strain with right lower extremity radiculopathy, and cervical sprain/strain), and treatment to date (medications and previous physical therapy treatments). Medical report identifies that previous physical therapy treatment decreased medicine usage, increased function, and increased activities of daily living. The number of previous physical therapy sessions cannot be determined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xwk X 4wks R Shoulder, Lumbar, Thoracic and Cervical Spine:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Therapy for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Low Back, AND Neck and Upper Back, Physical therapy (PT) Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with diagnoses of Sprained shoulder; rotator cuff , Sprains and strains of neck, and Lumbar sprains and strains not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of right shoulder strain/sprain with impingement, thoracic spine sprain/strain, lumbar spine sprain/strain with right lower extremity radiculopathy, and cervical sprain/strain. In addition, there is documentation of previous physical therapy treatments. Furthermore, given documentation of subjective (right shoulder pain with popping and clicking) and objective (tenderness over the right shoulder, decreased range of motion with pain, positive impingement test, and crepitus noted) findings, there is documentation of functional deficits and functional goals. Lastly, given documentation that physical therapy decreased medicine usage, increased function, and increased activities of daily living, there is documentation of functional benefit and improvement as an increase in activity tolerance and a reduction in the use of medications as a result of physical therapy provided to date. However, there is no documentation of the number of previous physical therapy sessions and, if the number of treatments have exceeded guidelines, remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. Therefore, based on guidelines and a review of the evidence, the request for Physical Therapy 2xwk X 4wks R Shoulder, Lumbar, Thoracic and Cervical Spine is not medically necessary.