

Case Number:	CM14-0150966		
Date Assigned:	09/22/2014	Date of Injury:	02/29/2012
Decision Date:	10/31/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/16/2014

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 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:

The injured worker is a 54-year-old male with an original industrial injury on February 29, 2012. The patient sustained a spinal cord injury with lower extremity paraplegia and neurogenic bladder. This requires the patient to self-catheterize every four hours. The patient subsequently developed bilateral shoulder and wrist pain and required maximal assistance from a home health aide with all activities of daily living and household needs. The disputed request is for 24 sessions of physical therapy for the bilateral shoulders and bilateral lower extremities and for mobility safety. A utilization review determination on August 14, 2014 had noncertified this requests. The rationale for the denial of additional Physical Therapy was that the patient already attended 39 sessions of therapy, which exceeded guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twenty four (24) Physical Therapy (PT) visits for the Bilateral Shoulders and Bilateral Lower Extremities for Mobility Safety: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

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

Decision rationale: In the case of this injured worker, there is documentation of reduce activities of daily living and dependence on home health for nearly all activities of daily living. The patient is at a maximum assist level. It is unclear what functional goals require an additional 24 sessions of physical therapy now. The injured worker has already attended 39 sessions of physical therapy to date. The recertification visit on June 26, 2014 documents the request for physical therapy and occupational evaluation and treatment since the patient has new onset pain in the bilateral upper extremities. While some additional physical therapy can serve as a refresher course in mobility safety and decrease the risk of falls, a full complete course of physical therapy now is not appropriate. Since the independent medical review process cannot modify requests, the original requests as submitted are not medically necessary.