

Case Number:	CM14-0154915		
Date Assigned:	09/24/2014	Date of Injury:	12/11/2007
Decision Date:	12/26/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/22/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 53 year-old woman, who was injured on December 11, 2007, while performing regular work duties. The mechanism of injury is from stacking heavy boxes. The Utilization Review indicates the injured worker has had physical therapy in the past, and a left shoulder arthroscopic surgery. The quantity of the previous therapy and its efficacy are unknown. The records provided for this review consist of the request for authorization, and the primary treating physician's progress report dated August 6, 2014. The records indicate a refill for topical cream Glucosamine Sulfate was given, and the injured worker indicating that the symptoms of cervical spine, and left upper extremity were worse, causing constant pain, numbness and tingling down to the left wrist and hand. The request is for physical therapy, 8 sessions, two (2) times weekly for four (4) weeks, for the cervical spine, left shoulder, and left elbow. The primary diagnosis is rotator cuff sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two (2) times a week for four (4) weeks for a total of (8 sessions) for the cervical spine, left shoulder and left elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Physical therapy in the form of passive therapy for chronic pain is recommended by the MTUS Guidelines as an option during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myositis/myalgia. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. In the case of this worker, there was limited documentation, of which none described how effective previous physical therapy treatments effectively improved the worker's function since her injury years prior to this request. Since this request is far removed from her initial injury date, it is more appropriate to consider home exercises as the focus of ongoing physical therapy, and not supervised, unless the worker was requiring supervision for some reason, which was not indicated in the documents provided for review. Therefore, the 8 sessions of physical therapy for the neck, elbow, and shoulder are not medically necessary, based on the available information gathered from the documents provided for review.