

Case Number:	CM14-0157538		
Date Assigned:	09/30/2014	Date of Injury:	05/26/2009
Decision Date:	12/10/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/25/2014

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 Occupational 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 54-year-old male with a 5/26/09 date of injury. At the time (8/28/14) of Decision for Physical therapy 3 x 4 for the cervical, thoracic, lumbar, bilateral shoulders and right lower extremity, there is documentation of subjective (neck and bilateral shoulder pain) and objective (tenderness to palpitation over the paravertebral muscles of the cervical/lumbar spine, muscle spasms is present in the cervica/lumbar spine, restricted range of motion of the cervical/lumbar spine, reduces sensation in both hands and the dermatomal distribution of the lumbar spine, decreased motor strength in the group muscles concerning the cervical/lumbar spine, decreased range of motion of the bilateral shoulders, and positive impingement sign) findings, current diagnoses (recurrent shoulder dislocation, cervical radiculopathy, lumbosacral radiculopathy, left shoulder impingement, and lumbosacral neuritis), and treatment to date (6 sessions of physical therapy treatments and medications). Medical reports identify that the patient completed 6 sessions of physical treatments with benefits. There is no documentation of a statement of exceptional factors to justify going outside of guideline parameters and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous physical therapy treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 for the cervical, thoracic, lumbar, bilateral shoulders and right lower extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine & Other Medical Treatment Guideline or Medical Evidence: Title 8, California. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Low Back, Knee & Leg, and Shoulder, PT

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 a diagnosis of cervical radiculitis not to exceed 12 visits over 8 weeks, a diagnosis of lumbar radiculitis not to exceed 12 visits over 8 weeks, a diagnosis of Rotator cuff syndrome/Impingement syndrome not to exceed 10 visits over 8 weeks, and a diagnosis of Sprain of knee and leg not to exceed 12 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 recurrent shoulder dislocation, cervical radiculopathy, lumbosacral radiculopathy, left shoulder impingement, and lumbosacral neuritis. In addition, there is documentation of 6 previous physical therapy treatments. However, given documentation of a request for Physical therapy 3 x 4 for the cervical, thoracic, lumbar, bilateral shoulders and right lower extremity, in addition to the treatment already completed, which would exceed guidelines, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. In addition, despite documentation that the patient completed 6 sessions of physical treatments with benefits, there is no (clear) documentation 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 as a result of previous physical therapy treatments. Therefore, based on guidelines and a review of the evidence, the request for Physical therapy 3 x 4 for the cervical, thoracic, lumbar, bilateral shoulders and right lower extremity is not medically necessary.