

Case Number:	CM14-0161661		
Date Assigned:	10/07/2014	Date of Injury:	08/20/2013
Decision Date:	12/11/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/01/2014

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, 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:

This is a 62-year-old male with an 8/20/13 date of injury, when he was hit while driving, T-Boned car, and sustained injuries to the left shoulder, left arm, left knee and lower back. The patient was released to work with modified duty and was prescribed physical therapy. The patient was seen on 8/21/14 with complaints of continued pain in the neck radiating into the bilateral shoulders and back with numbness in the left arm and shoulder. The patient also complained of continued pain in the left shoulder radiating into the armpit and continued pain in the lower back radiating into the bilateral legs with tingling and numbness in bilateral legs. Exam findings revealed 5/5 strength in all muscle groups in the bilateral upper extremities, with intact sensation in the right upper extremity. There was tenderness around the AC joint, supraspinatus and anterior deltoid with positive impingement sign and positive Hawkin's sign on the left. The examination of the lumbar spine revealed tenderness and spasm in the paraspinals and tenderness in the bilateral sciatic notch area. The patient toe and heel walked with pain. The diagnosis is cervical and lumbar sprain and radiculopathy, bilateral knee tendonitis, left shoulder impingement and status post right knee arthroscopy. Treatment to date: work restrictions, PT and medications. An adverse determination was received on 9/19/14. The request for Physio-therapy 3 x 4 for cervical, lumbar spine, left shoulder and bilateral knees was modified to 2 sessions of PT to allow for functional improvement and decrease in pain, re-education in a prescribed self-administered program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physio-therapy 3 x 4 for cervical, lumbar spine, left shoulder and bilateral knees: 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 Therapy Page(s): 98-99.

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. However the notes indicated that the patient had PT in the past, there is a lack of documentation indicating accomplished number of sessions with subjective and objective gains from prior treatment. In addition, the UR decision dated 9/19/14 modified the request for 12 sessions of PT to 2 sessions of PT to allow for functional improvement, decrease in pain and re-education in a prescribed self-administer program. Lastly, given that the patient's injury was over a year ago, it is not clear why the patient cannot transition into an independent home exercise program. Therefore, the request for Physio-therapy 3 x 4 for cervical, lumbar spine, left shoulder and bilateral knees was not medically necessary.