

Case Number:	CM14-0167263		
Date Assigned:	10/14/2014	Date of Injury:	08/16/2013
Decision Date:	11/17/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/10/2014

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 Management 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 patient is a male with an injury date of 08/16/13 (age was not documented in reports). Based on the 09/16/14 progress report provided by [REDACTED] the patient complains of mild to moderate neck pain that radiates to the right upper extremity and severe back pain that radiates to the bilateral lower extremities. Physical examination revealed no tenderness to palpation nor muscle spasm to the cervical or lumbar spines. Range of motion of the cervical spine was full. Extension of the lumbar spine was limited to 80% normal. Reflexes were intact. Patient is limited to no heavy work, however he is not working currently. Patient attended 2 physical therapy sessions for his shoulder, that did not provide any significant improvement. He reports that physical therapy helped his right hip, particularly the range of motion (number of visits not documented). Diagnosis 09/16/14- partial rotator cuff tear, right shoulder- thoracic strain- lumbar strain- traumatic bursitis, right [REDACTED] is requesting Physical Therapy two times a week for six weeks for cervical/lumbar. The utilization review determination being challenged is dated 09/22/14. The rationale is "partially certified to 2 x 6." [REDACTED] is the requesting provider, and he provided AME report dated 09/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for six weeks for cervical/lumbar: 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: The patient presents with mild to moderate neck pain that radiates to the right upper extremity and severe back pain that radiates to the bilateral lower extremities. The request is for Physical Therapy two times a week for six weeks for cervical/lumbar. His diagnosis dated 09/16/14 includes partial rotator cuff tear, right shoulder, thoracic strain, lumbar strain and traumatic bursitis, right hip. MTUS pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per AME report dated 09/16/14, patient attended 2 physical therapy sessions for his shoulder, that did not provide any significant improvement. He reports that physical therapy helped his right hip, particularly the range of motion (number of visits not documented). The provider does not explain why therapy is being requested other than for subjective pain, which is not supported by physical exam findings. There is no discussion of flare-up's, new injury or new symptoms warranting treatment. Furthermore, the requested 12 sessions exceed what is recommended per MTUS. Recommendation is for denial.