

Case Number:	CM14-0168017		
Date Assigned:	10/15/2014	Date of Injury:	08/31/2013
Decision Date:	12/24/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/13/2014

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 Massachusetts. 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 claimant has a history of a work injury occurring on 08/31/13 when he fell from an extension ladder. He sustained right sided rib fractures which healed. He continues to be treated for neck and back pain. As of 03/25/14 the claimant had completed 12 physical therapy sessions for his neck and shoulder. There had been short term improvement. Treatments included a home exercise program. He was seen on 04/17/14. He was out of work. Physical examination findings included decreased cervical spine range of motion with mild trapezius tenderness. Authorization for a bone scan was requested. On 07/25/14 he was having ongoing neck and back pain. He was referred for physical therapy. On 09/02/14 he was having left shoulder pain. Physical examination findings included good shoulder range of motion and strength. He was again referred for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy unspecified number of sessions: 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 Chronic pain, Physical medicine treatment and Preface, Physical Therapy Guidelines.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for neck and back pain. Treatments have included recent physical therapy with short term limited benefit and with instruction in a home exercise program. In terms of physical therapy treatment for chronic pain, compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude him from performing such a program. Therefore additional physical therapy was not medically necessary.