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| Case Number: | CM14-0170460 | | |
| Date Assigned: | 10/20/2014 | Date of Injury: | 03/15/2010 |
| Decision Date: | 11/20/2014 | UR Denial Date: | 10/14/2014 |
| Priority: | Standard | Application Received: | 10/15/2014 |

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 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:

This is a patient with a date of injury of March 15, 2010. A utilization review determination dated October 14, 2014 recommends non-certification for additional physical therapy for the left shoulder and neck. Non-certification was recommended due to lack of documentation of functional improvement from previous therapy. A progress report dated September 19, 2014 identifies subjective complaints of pain along the left sternal border, chest wall, and arm. Physical examination findings revealed tenderness along the sternum which causes pain in the neck, arm, and hand. Diagnoses include lateral epicondylitis, backache, and cervicgia. The note states that the patient continues to use gabapentin, ibuprofen, and do techniques taught to her by a physical therapist. The note goes on to state "I strongly believe the patient has benefited from the previous treatments." Six sessions of physical therapy are recommended. A progress report dated June 27, 2014 indicates that the patient has completed 6 sessions of physical therapy and has "done quite well." A physical therapy report dated May 29, 2014 states that after 6 sessions of therapy, there is been no change in subjective complaints or assessment. The note goes on to state that physical therapy has "not significantly changed the patient's condition."

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy, 6 sessions of left shoulder and neck: Upheld

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

Guidelines (ODG), Shoulder Chapter, Physical Therapy, Neck & Upper Back Chapter, Physical Therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 200, 173, Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy, Neck & Upper Back Chapter, Physical Therapy

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Official Disability Guidelines has more specific criteria for the ongoing use of physical therapy. Official Disability Guidelines recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior physical therapy sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested additional physical therapy is not medically necessary.