

Case Number:	CM14-0181910		
Date Assigned:	11/06/2014	Date of Injury:	08/26/1997
Decision Date:	12/15/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/03/2014

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 Texas. 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 is a 59 year old female who sustained a work injury on 8-26-97. On this date, the claimant injured her neck, back and left shoulder when she was kicked by a student and fell. Office visit on 8-8-14 notes the claimant presented with shoulder pain, left elbow pain, low back pain and neck pain. It is noted the claimant has undergone a rotator cuff repair. She has been treated with medications, physical therapy, TENS unit and injections. Letter of appeal dated 11-6-14 notes the claimant has had pain from the 1997 injury in the year 2000. She has had various treatment including medications, physical therapy and injections. She has been having increased amount of pain in the affected areas. She needs further treatment to the affected areas to have relief of the pain and allow her to continue functioning in a normal manner.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy treatment to the cervical, lumbar spine and left shoulder for 12 sessions:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Neck Chapter, Left Shoulder Chapter - Physical Therapy

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines as well as Official Disability Guidelines notes that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The claimant had been provided with physical therapy. Long lasting improvement with physical therapy was not documented. Additionally, there is an absence in documentation noting that this claimant cannot perform a home exercise program. Based on the records provided, this claimant should already be exceeding well-versed in an exercise program. It is not established that a return to supervised physical therapy is medically necessary and likely to significantly improve or impact the patient's overall pain level and functional status beyond that of her actively utilizing an independent home exercise program. There are no extenuating circumstances to support physical therapy at this juncture. Therefore, this request is not medically necessary.