

Case Number:	CM14-0020036		
Date Assigned:	04/25/2014	Date of Injury:	02/04/2005
Decision Date:	07/28/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/18/2014

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 & Rehabilitation and is licensed to practice in California and Washington. 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 injured worker is a 66-year-old female who reported an injury on 02/04/2005 due to an unspecified mechanism of injury. On 12/04/2013, she reported moderate to severe low back pain rated at an 8/10. She stated that her pain was getting worse, was present all day and was alleviated by rest. A physical examination of the cervical spine revealed tenderness at the C6 and C7 level, normal deep tendon reflexes bilaterally, tenderness at the greater occipital right and left, normal sensory exam, normal motor exam, and normal range of motion with lateral rotation mildly restricted. Examination of the lumbar spine revealed no tenderness, no spasm, SI joints nontender, range of motion was normal along with normal sensory and motor exam, and deep tendon reflexes also showed to be within normal limits. Her diagnoses included degenerative disc disease at C4, C5, C6 and C7, degenerative disc disease at the lumbosacral area, hypertension, and diabetes. Her current medications were listed as amlodipine, aspirin, Benicar, Celebrex, Flexeril tablets, Limbrel, Nexium, and pravastatin. Her past therapies included 10 physical therapy sessions and pain medications. The treatment plan was for 12 sessions of continued physical therapy for the cervical spine and right shoulder 3 times per week for 4 weeks. The Request for Authorization Form was signed on 01/24/2014. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS CONTINUED PHYSICAL THERAPY FOR CERVICAL SPINE AND RIGHT SHOULDER (3 X PER WEEK FOR 4 WEEKS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE GUIDELINES Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The injured worker was noted to have completed 10 out of 12 physical therapy sessions. The physical therapy note dated 01/16/2014 stated that the range of motion for the right shoulder showed to be flexion at 170 degrees and bilateral rotation of 65%. She was noted to have limited looking over her shoulder, but she was progressively improving. The California MTUS Guidelines state that physical therapy is recommended for a total of 9 visits to 10 visits over 8 weeks. Also, physical therapy treatment should be faded in frequency, plus active self-directed home physical medicine. Based on the clinical documentation provided, the injured worker did have functional improvement with prior physical therapy sessions. However, there is no documentation regarding any significant functional deficits to warrant the request for additional physical therapy sessions. In addition, the request does not follow the guideline recommendations for allowing for fading of treatment frequency. The request for 12 additional sessions would exceed the recommended guidelines. The request is not supported by the guideline recommendations. Therefore, given the above, the request for 12 sessions continued physical therapy for cervical spine and right shoulder (3 x per week for 4 weeks) is not medically necessary.