

Case Number:	CM14-0023771		
Date Assigned:	06/13/2014	Date of Injury:	08/26/1997
Decision Date:	07/15/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/25/2014

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 Nevada. 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 59-year-old female injured on August 26, 1997. The mechanism of injury is not specified. The most recent progress note, dated February 6, 2014, indicated that there were ongoing complaints of shoulder pain, left elbow pain, neck pain and low back pain. The physical examination demonstrated decreased left shoulder range of motion and tenderness over the lateral aspect and the biceps tendon. Examination of the cervical spine noted tenderness at the C5 and C6 region as well as decreased cervical spine range of motion. Examination of the lumbar spine noted tenderness from L3 through L5 with spasm. There was decreased lumbar spine range of motion and a normal lower extremity neurological examination. There were diagnoses of chronic mechanical low back pain, cervical strain, myofascial pain of the trapezius, left shoulder pain, status post rotator cuff repair. A request had been made for physical therapy for multiple body parts and was not certified in the pre-authorization process on February 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY MULTIPLE BODY PARTS 2X6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ACOEM 2004 OMPG Shoulder, chapter 9 Page(s): 201.

Decision rationale: As it was stated that the injured employee sustained a work-related injury almost 14 years ago, it is extremely likely that the employee had previously participated in physical therapy. Understanding this, there is no justification in the attached medical record as to why additional physical therapy is necessary. No exacerbation or change in symptoms had been noted. At this point, the injured employee should be well versed in what is expected of physical therapy for the affected body parts and should be able to transition to a home exercise program. This request for physical therapy for multiple body parts is not medically necessary.