

Case Number:	CM14-0030335		
Date Assigned:	06/20/2014	Date of Injury:	04/04/2012
Decision Date:	07/17/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/10/2014

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 and New York. 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 who is a 29-year old male who reported an injury on 04/04/2012 of unknown mechanism. On 01/07/2014 the injured worker reported improving pain in his neck and lower back. On the physical examination done on 01/07/2014 it was noted that the injured worker had tenderness to palpation over the lumbar spine and cervical spine. The injured worker diagnoses included cervical spine, lumbar strain and left shoulder tendinitis. It was noted the injured worker had a modified return to work on 02/15/2014 with no heavy lifting. The injured worker medications and diagnostic imaging was not submitted with this request. It was documented the injured worker had already received 20 visits of physical therapy for the cervical spine, left shoulder and lower back. The treatment plan included acupuncture of the lumbar cervical and left shoulder and physical therapy 1x week for 6 weeks for the Cervical Spine, lower back and left shoulder. The authorization for request was submitted on 01/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1 x week for 6 weeks for the Cervical Spine, lower back and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 555-556.

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

Decision rationale: The California Pain Medical Treatment Guidelines recommend Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The documented report submitted on 01/07/2104 stated the injured worker has already attended 20 sessions of physical therapy. There was lack of documentation of the injured worker doing conservative care measures such as a home exercise program. In addition, it states the injured worker reported improvement in his neck and back and has returned to work with modified duties to include no heavy lifting. Given the above, the request for Physical Therapy 1 x week for 6 weeks for the Cervical Spine, Lower Back and Left Shoulder is not medically necessary.