

Case Number:	CM14-0031130		
Date Assigned:	06/20/2014	Date of Injury:	10/28/2011
Decision Date:	08/08/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/12/2014

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 Pain Medicine, 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 injured worker is a 44-year-old male who reported an injury on 10/20/2011 due to a slip and fall. On 05/12/2014, the injured worker presented with left shoulder, right elbow, and low back pain. Upon examination of the cervical spine, there was occipital notch tenderness bilaterally and trigger points to the right trapezius and supraspinatus. The upper extremities reveal the positive Tinel's sign at the right medial epicondyle and at the bilateral carpal tunnels with slight tenderness at the left elbow. The diagnoses were musculoligamentous sprain/strain of the lumbar spine, bilateral shoulder derangement, bilateral ulnar neuropathy, musculoligamentous sprain/strain of the cervical spine with radiculopathy, and tension headaches. Treatment included medications. The provider recommended 12 sessions of physical therapy, 2 times a week for 6 weeks. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy (2x6): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The MTUS Chronic Pain Guidelines state that active therapy is based on a philosophy that therapeutic exercise and 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 injured worker is expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The Guidelines allow for up to 10 visits of physical therapy for up to 4 weeks. There was lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. The amount of physical therapy visits that the injured worker has already completed was not provided. Additionally, the injured worker is instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels, and there were no significant barriers to transitioning the injured worker to an independent home exercise program. As such, the request is not medically necessary and appropriate.