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| Case Number: | CM14-0034369 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 08/13/2011 |
| Decision Date: | 07/24/2014 | UR Denial Date: | 03/03/2014 |
| Priority: | Standard | Application Received: | 03/19/2014 |

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 Illinois. 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 62 male who reported an injury on 08/13/2011 due to unknown mechanism. The injured worker complained of continued pain to the right shoulder, back, head, left hip, and right knee. On physical examination dated 01/27/2014, there was a tenderness in the right sub acromial space and at the acromioclavicular joint. The injured worker was positive on the Hawkins test. The injured worker diagnoses are right shoulder impingement syndrome with rotator cuff tear, lumbar discopathy/segmental instability. Status post right knee surgery times 2 with tear of the lateral meniscus and degenerative joint disease, and cervicalgia. The injured workers past treatments/diagnostic are status post knee surgery times 2, and MRI dated 10/14/2013 which showed acromioclavicular joint hypertrophic changes indenting the supraspinatus the patient medication include cyclobenzaprine, tramadol and methoderm. The treatment plan was for physical therapy for 8 sessions, two times a week for four weeks. The request for authorization form was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy eight (8) sessions (2 times 4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The request for physical therapy eight (8) sessions (2 times 4) is non-certified. The injured worker has completed a course of physical therapy although the exact number of sessions completed are not specified in the documentation provided. The California Medical Utilization Schedule guidelines recommends as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during 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. Active therapy is based on an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction. Patients are instructed to continue active therapies at home as an extension of the treatment process in order to maintain improvements levels. Physical medicine guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less) , plus self-directed home physical medicine. Myalgia and myositis, unspecified 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis unspecified 8-10 visits over 4 weeks and reflex sympathetic dystrophy 24 visit over 16 weeks. There were no physical therapy progress notes provided and no measurable documentation as to the injured workers functional deficits, as such the request for physical therapy eight (8) sessions (2 times 4) is non-certified.