

Case Number:	CM14-0035778		
Date Assigned:	06/23/2014	Date of Injury:	05/04/2004
Decision Date:	07/18/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/24/2014

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 Minnesota. 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 69-year-old female who reported an injury on 05/04/2004 due to an unknown mechanism of injury. The injured worker complained of pain that affects her cervical spine, lumbar spine, and right shoulder. She rates her pain level from 8/10 to 5/10 on a pain scale of 0 to 10 after taking medication. On 02/13/2014 the physical examination revealed limited range of motion of the cervical and lumbar spine. There was tenderness to palpation over the trapezius and paravertebral muscles bilaterally. She also had tenderness over the lumbar paraspinal muscles bilaterally. The right shoulder revealed limited range of motion flexion and abduction 150 degrees, internal rotation 60 degrees, and external rotation 70 degrees. The right knee revealed range of motion flexion at 130 degrees, and tenderness of the medial and lateral joint lines. There were no diagnostic studies submitted for review. The injured worker had a diagnoses of chronic cervicgia, chronic lumbar strain, right shoulder rotator cuff tendon tear, right knee meniscal tear, and early posttraumatic arthritis. There was no indication of what the injured workers' past treatment included. The injured worker was on the following medications Anaprox 5501mg, and Prilosec 20mg. The current treatment plan is for physical therapy 2 times per week for 6 weeks for cervical spine, lumbar spine, right shoulder, and right knee. The rationale for the request is that the injured worker had been able to lose weight, be more active, and take less medication with the improvement from physical therapy. The request for authorization form was dated 02/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times per week for 6 weeks for cervical spine, lumbar spine, right shoulder, and right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, 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 2 times per week for 6 weeks for cervical spine, lumbar spine, right shoulder, and right knee is not medically necessary. The injured worker has a history of pain in the cervical spine, lumbar spine, right shoulder and knee. The CA MTUS guidelines state that physical therapy is recommended and 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. The guidelines also state that the recommended guidelines for myalgia and myositis, unspecified is 9-10 visits over 8 weeks. The documentation provided stated that the injured worker was benefiting from physical therapy. However, the request of sessions twice a week for 6 weeks exceeds the number of recommended sessions per the guidelines. Given the above, the request for physical therapy 2 times per week for 6 weeks for cervical spine, lumbar spine, right shoulder, and right knee is not medically necessary.