

Case Number:	CM14-0039138		
Date Assigned:	06/27/2014	Date of Injury:	12/10/2010
Decision Date:	12/11/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/02/2014

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 California. 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:

This is a 52-year-old female with a 12/10/10 date of injury. The mechanism of injury occurred due to the repetitive nature of her work duties. She was lifting boxes and using her hands repetitively. According to a progress report dated 7/28/14, the patient reported that there is some improvement in her lumbar spine pain, rated as a 4/10. There is persistent pain in her right shoulder radiating to the right forearm and right hand, rated as an 8/10. There is no pain in her left shoulder at this point. Objective findings: tenderness to palpation over subdeltoid and subacromial region, unable to perform range of motion, tenderness to palpation over central spine and left paraspinal. Diagnostic impression: lumbar spine HNP, right shoulder tendinitis, left shoulder tendinitis. Treatment to date: medication management, activity modification, physical therapy, chiropractic care. A UR decision dated 3/5/14 denied the request for physical therapy. The latest report provided consisted of illegible notes. Details such as the total number of physical therapy sessions attended to date, last session attended, as well as the patient's objective functional response from prior active rehabilitation were not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 2 x per week for 4 weeks, to the Lumbar Spine, Bilateral Shoulders, and Bilateral Wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Chapters 9, 11, & 12. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for

Workers' compensation, Online Edition - Chapter: Low Back - Lumbar & Thoracic; Shoulder; Forearm, Wrist, & Hand

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114 and on the Official Disability Guidelines (ODG) Low Back Chapter - Physical Therapy (Lumbar Sprains/Strains); Shoulder Chapter - Physical Therapy (Shoulder Sprains/Strains); Forearm, Wrist, and Hand Chapter - Physical Therapy (Wrist Sprains/Strains). Official Disability Guidelines (ODG) Low Back Chapte

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. In the present case, it is noted that this patient has had prior physical therapy treatment. However, it is unclear how many sessions he has previously completed. Guidelines support up to 10 visits over 8 weeks for lumbar sprains and shoulder sprains, and 9 visits over 8 weeks for wrist sprains. There is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. In addition, it is unclear why the patient has not been able to transition to an independent home exercise program at this time. Therefore, the request for Physical Therapy, 2 x per week for 4 weeks, to the Lumbar Spine, Bilateral Shoulders, and Bilateral Wrists was not medically necessary.