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| Case Number: | CM14-0039922 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 11/23/1995 |
| Decision Date: | 12/19/2014 | UR Denial Date: | 03/17/2014 |
| Priority: | Standard | Application Received: | 04/04/2014 |

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 47-year-old woman with a date of injury of 11/23/1995. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 09/06/2013, 01/13/2014, 01/24/2014 and a physical therapy (PT) note dated 01/29/2014 indicated the worker was experiencing pain in the left knee and shoulder. Documented examinations consistently described spasm and tenderness in the upper back, tenderness and decreased motion in the left knee joint, and tenderness and decreased motion in the left shoulder joint. The submitted and reviewed documentation concluded the worker was suffering from fibromyalgia, internal derangement involving both ankles; upper and lower back spondylosis, right peroneal neuropathy, left thoracic outlet syndrome, left piriformis syndrome, and depression disorder. Treatment recommendations included oral pain medications, physical therapy, a surgical procedure to treat the left shoulder, left shoulder physical therapy after the surgery, and physical therapy for the lower back symptoms. A Utilization Review decision was rendered on 03/17/2014 recommending non-certification for twelve sessions of physical therapy for the lower back symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy xs 12 visits: Upheld

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

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

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted and reviewed records indicated the worker was experiencing pain in the left knee and shoulder. Documented examinations consistently described spasm and tenderness in the upper back, tenderness and decreased motion in the left knee joint, and tenderness and decreased motion in the left shoulder joint. There were no documented assessments describing symptoms or abnormal findings of lower back issues to match the request for physical therapy for the lower back. In addition, the requested number of sessions did not account for a fading frequency and exceeds the maximum number supported by the Guidelines. There was no discussion supporting this request in this setting. In the absence of such evidence, the current request for twelve sessions of physical therapy for the lower back is not medically necessary.