

Case Number:	CM14-0040221		
Date Assigned:	06/27/2014	Date of Injury:	02/12/2003
Decision Date:	07/29/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/07/2014

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 Occupational Medicine, 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:

The patient is a 63-year-old male who was injured on February 12, 2003. The mechanism of injury is unknown. There is no prior treatment history or diagnostic studies for review. There are no other medical records to review other than an orthopedic supplemental report but it does not provide subjective findings or measurable objective findings. According to the UR dated March 25, 2014, the patient has a diagnosis of cervicobrachial syndrome, carpal tunnel syndrome, cervical spondylosis without myelopathy, cervicobrachial syndrome, and spinal stenosis in the cervical region. Prior utilization review dated March 25, 2014 states the request for Physical Therapy, eight visits to the left shoulder is not authorized as the medical records failed to document if the patient had previous shoulder physical therapy and if the patient benefited from it. This request has not been established as medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of physical therapy to the left shoulder: 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): 97-98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Shoulder >, <Physical therapy >.

Decision rationale: The Chronic Pain Medical Treatment Guidelines and the ODG do not recommend continued eight sessions of physical therapy (PT) without a report clearly stating objective functional improvement with compliance with an HEP (home exercise program).
Criteria: There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The medical records do not document that there has been previous PT sessions and it is not known if there has been an active HEP. The records also do not show any documentation of objective functional improvement. The request for eight sessions of physical therapy to the left shoulder is not medically necessary or appropriate.