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| Case Number: | CM14-0052027 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 03/11/2010 |
| Decision Date: | 08/06/2014 | UR Denial Date: | 04/15/2014 |
| Priority: | Standard | Application Received: | 04/18/2014 |

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, has a subspecialty in Pain Management 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 female patient with the date of injury of March 11, 2010. A utilization review determination dated April 15, 2014 recommends non certification of a six-month physical therapy membership. A progress note dated April 2, 2014 identifies subjective complaints of continued neck, left shoulder, and upper back pain. The patient has lower back pain with prolonged walking and standing and she has left knee pain that is increased with climbing stairs and with squatting. The patient stopped doing exercises with her personal trainer due to financial reasons and has noticed an increase in back, neck, and shoulder pain, in stamina for activity, as well as more stiffness in the low back, and decreased mobility. The patient continues to stretch at home on a regular basis. Physical examination of the lumbar spine identifies extension to be at 10, flexion at 50 and 60, left lateral bending measured at 15, and right lateral bending to be at 15. Loading of the lumbar facets was painful on the right, lateral tilt limited by 35% to the right and 30% to the left. Range of motion of the cervical spine was measured at 30 with flexion, 20 with extension, and rotation bilaterally at 15. There is tenderness to palpation of the cervical paraspinous muscles with greater spasm on the left versus the right, extending into the left trapezius. There is pain and spasm on bilateral lumbar paraspinous musculature. Examination of the shoulder reveals pain with flexion and abduction bilaterally and with range of motion. Positive impingement sign bilaterally. Current medications include Sentra PM, glucosamine chondroitin, aspirin, Estrace cream, and thyroid medication. The diagnoses include cervical disc displacement without myelopathy, shoulder joint pain, lower leg joint pain, and lumbar disc displacement without myelopathy. The treatment plan recommends 12 sessions of acupuncture, 12 sessions of deep tissue massage therapy, and a six-month physical therapy membership. The requesting physician documented that previous physical therapy helped improve the patient's back, neck, and shoulder pain. Patient also noticed improvements with sciatica symptoms and

improved her tolerance for activities such as grocery shopping. The patient was also able to walk more easily, less pain, and more speed. She was also able to drive for longer periods of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Months Physical Therapy Membership: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200, Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapters 8 page(s) 173, 9 page(s) 200, and 12 page(s) 298, and Chronic Pain Medical Treatment Guidelines, page(s) 98.

Decision rationale: Regarding the request for a 6 month physical therapy membership, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. Additionally, the patient has had an unspecified number of physical therapy sessions to address the neck, shoulders, and back. The current request for an open-ended referral for physical therapy would exceed the maximum number recommended by guidelines for any of this patient's diagnoses. As such, the current request for a 6 month physical therapy membership is not medically necessary.