

Case Number:	CM14-0053065		
Date Assigned:	07/07/2014	Date of Injury:	01/01/2005
Decision Date:	08/29/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/21/2014

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 Anesthesiology, 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 38-year-old male with a 01/01/2005 date of injury due to cumulative trauma. 3/14/14 determination was non-certified given no documentation indicating prior physical therapy or the number of sessions. 2/24/14 medical report identified that the patient was referred for physical therapy in 2009. It was noted that surgery was recommended but not approved and the patient remained in conservative care. It was noted that the patient was working as a baby sitter full time without restrictions as of December 2013. Further in the same report it was noted that the patient was not currently working and she last worked in 2009. There were recurrent headaches, intermittent pain in the neck radiating to the arms, more on the right. She experiences numbness and tingling in her hands. Regarding the shoulder, there was pain felt 80% of the time with popping, clicking, and grinding. There was also low back pain felt 90% of the time, traveling to the left leg, with numbness and tingling. Exam revealed decreased shoulder and lumbar spine range of motion and tenderness over the paravertebral muscles. Sensation reduced in the bilateral L5 dermatomal distribution. Decreased strength 4/5 bilateral EHL. Diagnoses include right shoulder internal derangement and lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy three (3) times a week times four (4) weeks for the right shoulder and low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Shoulder, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) page 114.

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. The patient had therapy in 2009, it was not clear if the patient recently participated in a therapy program. If the patient participated in a program there would be necessity of the number of sessions provided to date, the objective improvement from such sessions and the future goals for continued therapy. There was also no clear indication if the patient was working or not, to delineate the degree of functional deficits that the patient is having from pain. If there has not been any recent therapy, the guidelines would support an initial trial to demonstrate efficacy and functional gains however the request is not medically necessary for 12 sessions.