MAXIMUS Federal Services

Case Number:	CM14-0053094		
Date Assigned:	07/07/2014	Date of Injury:	09/26/2012
Decision Date:	08/28/2014	UR Denial Date:	04/10/2014
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 Medicine and is licensed to practice in Texas. 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 53 year old male who sustained injuries to his head, back, and right shoulder on 09/26/12 due to falling 12 feet from a roof. Plain radiographs of the bilateral lower extremities documented mild to moderate degenerative disc disease, worse at L4-5 and L5-S1 with facet degeneration. The Electromygraphy (EMG) documented bilateral medial neuropathy mild right, moderate left and the MRI of the lumbar spine dated 01/20/14 revealed no compression fracture; mild multilevel degenerative changes, worst at L5-S1 with mild intervertebral disc height loss. The physical examination noted persistent pain in the neck and bilateral shoulders with trigger points tenderness. The physical examination also noted of the right shoulder forward flexion and abduction 140 degrees, internal and external rotation 60 degrees. Full lumbar range of motion with less difficulty and minimal end point pain at full extension; tenderness to palpation, mild to moderate spasm at cervical and thoracolumbar paracervicals and left iliac crest. The injured worker was diagnosed with impingement and lumbar spine strain/sprain. Previous physical therapy noted only mild decrease in pain and difficulty related to activity performance. The progress report dated 03/27/14 noted that the injured worker completed at least eight physical therapy visits to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xWk x 4 Wks Head, Back and Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, ODG Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, Physical therapy (PT).

Decision rationale: The request for physical therapy 2 x week x 4 weeks for the head, back and right shoulder is not medically necessary. The previous request was denied on the basis that additional therapy would be an excess of the guideline criteria and not clear whether any other therapy was done prior to the eight visits. There was also no clear detail provided as to why the injured worker could not manage their own condition with a daily home exercise program. There was no mention that a surgical intervention has been performed. The Official Disability Guidelines recommend up to 10 visits over eight weeks for the diagnosed injuries with allowing for fading of treatment frequency (from up to three or more visits per week to one or less), plus active self-directed home physical therapy. There was no indication that the patient was actively participating in a home exercise program. There was also no additional significant objective clinical information provided for review that would support the need to exceed the Official Disability Guidelines recommendations, either in frequency or duration of physical therapy visits. Given this, the request for physical therapy 2 x week x 4 weeks for the head, back and right shoulder is not indicated as medically necessary.