

Case Number:	CM14-0062234		
Date Assigned:	07/11/2014	Date of Injury:	07/26/2013
Decision Date:	08/29/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/05/2014

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 Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant sustained a work injury on 07/26/13 while working as a painter when he fell approximately 5 feet from a ladder. He is being treated for cervical and lumbar spine injuries and a right shoulder injury. Testing has included an MRI of the right shoulder showed findings of a partial rotator cuff tear with tendinosis and acromioclavicular joint degeneration and MRI scans of the spine show a left C5-6 disc protrusion and L4-5 spinal stenosis with multilevel degenerative changes. Treatments have included medications and 24 physical therapy treatments from 08/19/13 through 12/30/13. At discharge he had increasing low back pain. His shoulder had improved with treatments and after an injection. His cervical spine condition was unchanged. He was seen in the Emergency Room on 02/27/14. He had improved after physical therapy and then had developed a headache after treatments were discontinued and wanted to restart therapy. The claimant underwent a lumbar epidural steroid injection on 02/07/14. He was seen by the requesting provider on 03/13/14. There had been a resolution of left leg pain after the epidural injection. He was taking Norco two times per day. Electrical stimulation treatment in physical therapy had increased his symptoms. Physical examination findings included multiple cervical tender points and tenderness over the lumbar paraspinal muscles and spinous processes. There was an antalgic gait. The assessment references a slightly exaggerated pain response. He was continued on temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy (neck, back, right shoulder): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guidelines- Treatment in Workers' Compensation), Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant is status post work-related injury as described above and continues to be treated for chronic neck, back, and shoulder pain. He has already attended 24 sessions of physical therapy with some benefit but is reported to have worsened after completing his formal treatments. There is no identified new injury or impairing event. In terms of physical therapy, patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits. The claimant has no other identified impairment that would preclude him from performing such a program. Providing additional skilled physical therapy services again does not reflect a fading of treatment frequency and would promote dependence on therapy-provided treatments. The request is not medically necessary.

Aquatic therapy (neck, back, right shoulder): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chronic Pain, page 87.

Decision rationale: The claimant is status post work-related injury as described above and continues to be treated for chronic neck, back, and shoulder pain. Aquatic therapy is recommended for patients with conditions where there are comorbidities that would be expected to preclude effective participation in weight-bearing physical activities. In this case, the claimant attended 24 sessions of land-based physical therapy with improvement during treatments. There are no comorbid conditions that would limit the claimant's ability to participate in weight-bearing physical activities. The request is not medically necessary.