

Case Number:	CM14-0067463		
Date Assigned:	07/14/2014	Date of Injury:	04/13/2009
Decision Date:	10/01/2014	UR Denial Date:	04/26/2014
Priority:	Standard	Application Received:	05/12/2014

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 & Rehabilitation, 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 54-year-old female with a 4/13/09 date of injury, when she fell and landed on her back with her right hand beneath her. The progress note dated 1/13/14 stated that the patient had physical therapy in 2009 with some improvement and that she had physical therapy in 2011 without significant improvement. The patient was seen on 01/27/14 with for the follow up visit. Exam findings of the lumbar spine revealed tenderness to palpation over the upper, mid and lower paravertebral muscles. The range of motion of the lumbar spine was: flexion 20 degrees, right and left lateral bending 15 degrees, right lateral rotation 20 degrees, left lateral rotation 15 degrees and extension 10 degrees. Straight leg raising test and rectus femoral stretch sign were negative. The diagnosis is cervical, thoracic, lumbar strain/sprain; bilateral carpal tunnel syndrome; bilateral rotator cuff tendinitis and impingement syndrome. Treatment to date: acupuncture, physical therapy, work restrictions, physical therapy. An adverse determination was received on 4/26/14 given that the patient already had physical therapy with no improvement and she should transition into a self-directed home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, 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 progress notes indicated that the patient underwent physical therapy treatments in 2009 and 2011. However, there is a lack of documentation indicating what parts of the body were treated and if the patient received any objective functional gains from the treatment. In addition, there is no rationale with regards to continued physical therapy. Therefore, the request for Physical therapy 2 times a week for 6 weeks for lumbar spine was not medically necessary.