

Case Number:	CM14-0080517		
Date Assigned:	07/18/2014	Date of Injury:	05/31/2012
Decision Date:	09/22/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/02/2014

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 Occupational Medicine 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 male with a 5/31/12 date of injury. The mechanism of injury occurred while he was working as a welder, he fell and lunged forward, causing him to hit his head on the side of a truck and then he fell backward and hit his head against an oxygen tank. He stated that his ear was lacerated and was "almost torn off". According to a handwritten progress report dated 4/17/14, the patient complained of left neck pain. Objective findings: none noted. Diagnostic impression: cervical radiculitis. Treatment to date: medication management, activity modification, physical therapy, ESIA UR decision dated 5/5/14 denied the request for physical therapy 2x6. The patient has already had 12 sessions thus far this year and 56 sessions since 5/2012. There is no documentation that the recent physical therapy resulted in any objective functional benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two (2) times a week for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Online Treatment Guidelines for Chronic Pain - Physical Medicine Treatment, Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General Approaches 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 Official Disability Guidelines (ODG) Low Back Chapter, Neck and Upper Back Chapter, Shoulder Chapter.

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. Physical Medicine Guidelines - Allow for fading of treatment frequency. According to a Qualified Medical Evaluation on 1/10/14, the patient has completed up to 25 visits of physical therapy for his neck, back, and left shoulder. Guidelines support up to 10 physical therapy visits over 8 weeks for sprains and strains of neck, 10 physical therapy visits over 8 weeks for lumbar sprains and strains, and 10 visits over 8 weeks for sprained shoulder. Any additional physical therapy treatment would clearly exceed guideline recommendations. In addition, there is no rationale provided as to why the patient has been unable to transition to a home exercise program. Excessive physical therapy can lead to therapy dependence. In addition, there is no documentation of functional improvement from his completed physical therapy sessions. Therefore, the request for Physical Therapy two (2) times a week for six (6) weeks was not medically necessary.