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| Case Number: | CM14-0089627 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 11/25/2009 |
| Decision Date: | 09/08/2014 | UR Denial Date: | 05/23/2014 |
| Priority: | Standard | Application Received: | 06/13/2014 |

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 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 female patient with the date of injury of November 25, 2009. A Utilization Review was performed on May 23, 2014 and recommended non-certification of physiotherapy twelve (12) sessions (3 times per week for 4 weeks), cervical spine, lumbar spine, right and left shoulder. A Follow-up Report dated April 28, 2014 identifies continued chronic neck and lower back pain. However, her main concern remains to be bilateral shoulder pain with decreased range of motion and weakness. Spasm, tenderness, and guarding are noted in the paravertebral muscles of the cervical and lumbar spine with decreased range of motion. Decreased sensation is noted over the C6 and L5 dermatomes bilaterally. She is ambulating with an antalgic gait. Well-healed incisions are noted over both shoulders with abduction limited to less than 100 degrees bilaterally. Deltoid strength bilaterally is approximately 4/5. Diagnoses identify cervical radiculopathy, lumbosacral radiculopathy, and shoulder tendinitis/bursitis. Authorization is requested for 12 sessions of physical and strengthening therapy for the neck, lower back, and bilateral shoulders to reduce her pain and increase range of motion, functioning, and strength. The patient completed six sessions of physical therapy, which did help to improve her symptoms significantly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physio Therapy 12 Sessions Three Times A Week For Four Weeks Cervical Spine, Lumbar Spine, Right and Left Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Regarding the request for a physiotherapy 12 sessions three times a week for four weeks cervical spine, lumbar spine, right and left shoulder, the California MTUS cites that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of completion of six prior physical therapy sessions, which improved her symptoms, but there is no documentation of specific objective functional improvement with the previous sessions. There is no documentation as to why remaining functional deficits cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the California MTUS supports only up to 10 physical therapy sessions for this injury. In light of the above issues, the currently requested physiotherapy 12 sessions three times a week for four weeks cervical spine, lumbar spine, right and left shoulder is not medically necessary.