

Case Number:	CM14-0134606		
Date Assigned:	08/27/2014	Date of Injury:	09/08/2008
Decision Date:	01/23/2015	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/21/2014

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 Physical Medicine Rehabilitation, and is licensed to practice in New York. 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 51-year-old male who reported injuries due to heavy lifting on 09/08/2008. On 11/26/2014, his diagnoses included hypertension, aggravated by work related injury; hyperlipidemia, secondary to hypertension; shortness of breath, secondary to anxiety; abdominal pain; acid reflux, secondary to stress; weight gain; sleep disorder; mitral stenosis; gastritis; cervical spine HNP; lumbar spine HNP; and osteoarthritis of the lower limb. His complaints included worsening musculoskeletal pain, rated 6/10 at both elbows, 5/-6/10 for the cervical spine, and 7/10 for the lumbar spine. Treatment plan recommendations included Physical Therapy 2 times a week for the right wrist, right knee, right shoulder, left shoulder, cervical spine and lumbar spine. There was no rationale included in this injured worker's chart. A Request for Authorization dated 07/08/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the right wrist, right knee, right shoulder, left shoulder, cervical spine, and lumbar spine, 2 times a week for 4 weeks, Quantity: 8 sessions: Upheld

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

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

Decision rationale: The request for Physical Therapy, Quantity: 8 sessions is not medically necessary. The California MTUS Guidelines recommend active therapy for restoring flexibility, strength, endurance, function, range of motion and to alleviate discomfort. Patients are expected to continue active therapies at home. The Physical Therapy guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. The recommended schedule for myalgia and myositis unspecified is 9 to 10 visits over 8 weeks. The submitted documentation revealed that this injured worker had participated in at least 14 sessions of Physical Therapy between 10/21/2014 and 11/21/2014. The requested additional 8 sessions of Physical Therapy exceed the recommendations in the guidelines. Therefore, the request for Physical Therapy for the right wrist, right knee, right shoulder, left shoulder, cervical spine, and lumbar spine, 2 times a week for 4 weeks, Quantity: 8 sessions is not medically necessary.