

Case Number:	CM14-0167488		
Date Assigned:	10/14/2014	Date of Injury:	03/09/2012
Decision Date:	01/28/2015	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/10/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, Acupuncture, 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:

67y/o male injured worker with date of injury 3/9/12 with related low back and left shoulder pain. Per progress report dated 9/11/14, it was noted the injured worker had completed physical therapy which improved his left shoulder pain, however he still had restricted range of motion in his lower back as well as numbness and tingling in his lower extremities. Per physical exam of left shoulder, the anterior shoulder was tender to palpation, range of motion was mildly decreased, impingement sign was positive. Exam of the lumbar spine noted tenderness about the paravertebral muscles, spasm was present, range of motion was restricted, straight leg raising test was positive on the left. Treatment to date has included physical therapy, acupuncture, and medication management. The date of UR decision was 9/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times 4 for back: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface, Physical Therapy Guidelines

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD 729.2): 8-10 visits over 4 weeks."The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted."While it is noted that the injured worker had an improvement in shoulder pain with physical therapy, the requested physical therapy is directed at the back. The documentation submitted for review indicates that the injured worker has already exceeded the recommended number of physical therapy sessions. There was no documentation to support further sessions targeted at the back. Home programs should have been initiated with a fading of physical therapy treatment frequency. The request is not medically necessary.