

Case Number:	CM14-0189187		
Date Assigned:	11/20/2014	Date of Injury:	04/25/2012
Decision Date:	01/08/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/12/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 65 year old male who was injured on 4/25/2012. He was diagnosed with cervical spondylosis, lumbar spondylosis and disc degeneration, right shoulder labral tear, bilateral shoulder bursitis, right knee meniscal tear, and insomnia due to pain. He was treated with surgery (right knee, left shoulder), physical therapy, knee Supartz injections, and medications. Physical therapy for his injuries was reported to have helped him improve and he was able to get back to work with some restrictions. On 9/18/14, it was noted that the injured worker finished his physical therapy for the knee; however, the injured worker was experiencing an acute flare-up of shoulder and neck pain. The injured worker was requesting additional physical therapy. This was in context of after the provider having documented the worker having had "ample physical therapy" in the past; however, the number sessions were not provided. The treating physician recommended an additional 12 sessions of physical therapy for the cervical spine, bilateral shoulders and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6: 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: Physical therapy in the form of passive therapy for the lower back, neck, or shoulders is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment. It is recommended in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myositis/myalgia. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. In the case, it is unclear why the injured worker was not recommended or unable to perform home exercises. Therefore, the 12 additional physical therapy sessions are not medically necessary.