

Case Number:	CM14-0194109		
Date Assigned:	12/01/2014	Date of Injury:	03/07/2007
Decision Date:	03/03/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 53 year old patient with date of injury of 03/07/2007. Medical records indicate the patient is undergoing treatment for low back pain, possible lumbar radiculitis, lumbar disc bulging, sacroiliac joint pain, myofascial pain, chronic pain syndrome, bilateral shoulder pain, bilateral knee pain, neck pain and cervical degenerative disc disease. Subjective complaints include neck, low back, bilateral shoulder, bilateral knee pain and headaches. Objective findings include left shoulder tenderness with decreased range of motion, sensation decreased over right upper extremity, Spurling's test positive on the right, tenderness over the cervical paraspinals, traps and rhomboids; tenderness over the facet joints and cervical spine range of motion decreased. Treatment has consisted of home exercise program, Norco, Baclofen, Flector, Terocin, Elavil, Prednisone and Lyrica. The utilization review determination was rendered on 11/19/2014 recommending non-certification of Physical Therapy 1-2 X A Week for 6 Weeks (12 Visits) for the Bilateral Shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1-2 X A Week for 6 Weeks (12 Visits) for the Bilateral Shoulders: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Physical Therapy, ODG Preface - Physical Therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Regarding physical therapy, ODG states "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." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The request for 12 sessions is in excess of the initial trials per MTUS and ODG guidelines. As such, the request for Physical Therapy 1-2 X A Week for 6 Weeks (12 Visits) for the Bilateral Shoulders is not medically necessary.