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| Case Number: | CM14-0202678 | | |
| Date Assigned: | 12/15/2014 | Date of Injury: | 05/28/2014 |
| Decision Date: | 01/30/2015 | UR Denial Date: | 11/21/2014 |
| Priority: | Standard | Application Received: | 12/04/2014 |

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 Practice and is licensed to practice in North Carolina. 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 69 year old male who suffered a work related injury on 05/28/14 when she was moving from one chair to another when she missed it and fell. She landed flat on her back and head. When she was examined on 06/02/14 she complained of constant low back pain, which radiated down both legs with the right greater than the left. She complained of difficulty bending and has pain in the waist/hip, greater on the right. She complained of neck pain, which is present most of the time with unrestricted range of motion. She also complained of right shoulder pain, which worsened with movement of the arm with restricted range of motion. She cannot lift her right arm above shoulder level. She noted numbness and tingling in her hands and right foot. Diagnoses include cervical spondylosis with strain and sprain and nonverifiable radicular complaints, internal derangement of the shoulder superimposed upon a prior shoulder injury, thoracolumbar scoliosis, and degenerative spondylolisthesis lumbar spine with nonverifiable radicular complaints. She underwent a MRI, was placed on work restriction, and received physical therapy. Per the physician notes from 11/03/14 she continued to complain of right shoulder pain. She found the physical therapy sessions beneficial. Diagnoses on that date include right shoulder pain with chronic rotator cuff tear with cuff tear arthropathy and recent industrial aggravation, and impingement syndrome. The requested treatment is 12 additional physical therapy sessions to the right shoulder. This request was denied by the Claims Administrator on 11/21/14 and was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 98-99.

Decision rationale: The CA MTUS recommends physical therapy for management of chronic pain with a clear preference for active therapy over passive therapy. Physical therapy includes supervision by therapist then the patient is expected to continue active therapies at home in order to maintain improvement levels. Guidelines direct fading treatment frequency from 3 times a week to one or less with guidelines ranging depending on the indication: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2), 8-10 visits over 4 weeks, In this case, the claimant has already completed an undefined number of physical therapy visits. Even discounting the already completed sessions, 12 sessions of physical therapy exceeds the recommended number of visits and is not medically necessary.