

Case Number:	CM14-0203313		
Date Assigned:	12/15/2014	Date of Injury:	09/10/2012
Decision Date:	01/31/2015	UR Denial Date:	11/05/2014
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 claimant had a date of injury of 9/10/2012. Diagnoses include cervical thoracic, lumbar spine strain, elbow strain, shoulder strain and internal knee derangement. Arthroscopic surgery was performed on left knee on 5/12/14, after which he completed post operative physical therapy for his knee. The current request is for 18 sessions (3x6) cervical, thoracic, lumbar spine, bilateral shoulders and bilateral elbows. Past therapy has included 8 sessions of physical therapy, medication, heat and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 3x6 Cervical, Thoracic, Lumbar, Bilateral Shoulders, Bilateral Elbows:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical therapy, Neck and Upper Back, Low back, Shoulder, Elbow

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, Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 week, ODG Neck and Upper Back 10 session over 8 weeks, Low back 10 session over 8 weeks, Elbow 9 sessions over 8 weeks, Shoulder 9 visits over 8 weeks. In this case, the claimant has already completed 8 physical therapy visits and the medical records do not contain any information to support the need for 18 further sessions of physical therapy, which would exceed the recommended physical therapy for the conditions. Physical therapy 3 x 6 is not medically necessary.