

Case Number:	CM13-0041174		
Date Assigned:	12/20/2013	Date of Injury:	04/01/2013
Decision Date:	02/24/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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.

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 female patient sustained an injury on 4/1/13 while employed by the [REDACTED]. Request under consideration include Physical therapy two (2) times a week for four (4) weeks for the neck, low back, and right hip. Conservative care has included analgesic medications, various specialty evaluations, physical therapy (unknown quantity), acupuncture, right hip steroid injection, x-rays negative for fracture, and regular work duty. Report of 9/11/13 from [REDACTED] noted patient with persistent neck, shoulder, spine and hip pain; throbbing sometimes waking her from sleep. Exam showed positive cervical compression test, normal heel and toe ambulation, limited and painful range of motion about the shoulder, limited painful lumbar range, normal gait, with treatment recommendation for 8 additional physical therapy, Ultracet for pain relief while returning to work. Request for 8 additional physical therapy was partially-certified on 10/8/13 to 2 to perform education and instruction to transition to an independent home program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Physical therapy two (2) times a week for four (4) weeks for the neck, low back, and right hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Authority Cited.

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

Decision rationale: This female patient sustained an injury on 4/1/13 while employed by the [REDACTED]. Conservative care has included analgesic medications, various specialty evaluations, physical therapy (unknown quantity), acupuncture, right hip steroid injection, x-rays negative for fracture, and regular work duty. Report of 9/11/13 from [REDACTED] noted patient with persistent neck, shoulder, spine and hip pain; throbbing sometimes waking her from sleep. Exam showed positive cervical compression test and limited painful range of motion; otherwise without neurological deficits noted. Request for 8 additional physical therapy was partially-certified on 10/8/13 to 2 to perform education and instruction to transition to an independent home program. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for physical therapy visits with fading of treatment to an independent self-directed home program. It appears the employee has received the additional 2 visits to transition to a HEP most recently. There is no report of acute flare or new injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy. The Physical therapy two (2) times a week for four (4) weeks for the neck, low back, and right hip is not medically necessary and appropriate.