

Case Number:	CM14-0111300		
Date Assigned:	08/01/2014	Date of Injury:	11/11/2002
Decision Date:	09/05/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/16/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 54-year-old male who reported an injury on 11/2002. The mechanism of injury was not provided. The diagnosis included cervical spine sprain DM status post right shoulder surgery, degenerative joint disease, degenerative disc disease, status post right shoulder surgery, and status post right knee surgery. There were no current diagnostic studies provided. Surgery history included shoulder surgery and right knee surgery. On 04/02/2014, the injured worker was seen for back, knee, shoulder, and neck pain. The injured worker is not working. The pain was managed with the use of meds. He will continue the present plan. Current medications included Carisoprodol 350 mg one 4 times a day, Celebrex capsule 200 mg twice a day Halcion 0.25 mg tablet at bedtime, hydrocodone/acetaminophen 10/325 four times a day times 1 month, Lyrica 75 mg 3 times a day, Pennsaid drops 1.5% topical 10 drops 5-6 drops 2-3 times a day, and Senna plus tablet 8.6/50 mg 1 twice a day. The treatment plan was for shoulder and back physical therapy. The request is for physical therapy quantity 12. The rationale for physical therapy is for shoulder and back pain acute flare up. The Request for Authorization form was dated 04/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Quantity 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: The injured worker has a history of shoulder and back pain. The MTUS Chronic Pain Guidelines recognize active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition was not provided. There was a lack of documentation indicating the injured worker had significant functional deficits. There is no frequency or duration and body part on the request. As such, the request is not medically necessary and appropriate.