

Case Number:	CM14-0112466		
Date Assigned:	08/01/2014	Date of Injury:	11/01/2012
Decision Date:	09/30/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/18/2014

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 62-year-old female with a reported date of injury on 11/01/2012. The mechanism of injury was not provided within the documentation available for review. The injured worker's diagnoses included thoracic spine myalgia and cervical spine myalgia. Previous conservative care includes manipulation and physical therapy. The injured worker presented with tenderness to the lumbar and thoracic spine. Range of motion of the left shoulder revealed flexion to 145 degrees, abduction to 115 degrees, and external rotation to 35 degrees. The surgeries include left shoulder arthroscopic surgery. The injured worker's medication regimen was not provided within the documentation available for review. The rationale for the request was not provided within the documentation. The Request for Authorization for physical therapy 2 times per week for six weeks for cervical and thoracic spine was submitted on 07/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for six weeks for the cervical and thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (acute and chronic).

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

Decision rationale: The California MTUS Guidelines recommend physical medicine. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The clinical information provided for review, lacks documentation related to the injured worker's functional deficits to include range of motion values in degrees, and the utilization of a VAS pain scale; as it relates to the cervical and thoracic spine. Previous conservative care includes physical therapy, the number of visits and the outcome from physical therapy was not provided within the documentation available for review. The guidelines recommend 8 to 10 visits over a 4 week period. The request for 12 physical therapy visits exceeds the recommended guidelines. Therefore, the request for physical therapy twice a week for six weeks for the cervical and thoracic spine is not medically necessary.