

Case Number:	CM14-0128077		
Date Assigned:	09/05/2014	Date of Injury:	07/12/2007
Decision Date:	10/10/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/11/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 58-year-old male with a 7/12/07 date of injury. A specific mechanism of injury was not described. According to a progress report dated 7/8/14, the patient complained of increased right shoulder pain. He stated that he felt pulling in the neck with any increase in activity. He reported stiffness of the lumbar spine. His pain level was rated as a 7/10. Objective findings: restricted ROM of cervical spine, hypertonicity on both sides of paravertebral muscles, abnormal posture with extension of neck, restricted movements of shoulders, tenderness to palpation of heel. Diagnostic impression: old disruption of posterior cruciate ligament, rotator cuff disorders, cervical facet syndrome, tear of scapholunate ligament. Treatment to date: medication management, activity modification, multiple surgeries, physical therapy. A UR decision dated 7/23/14 denied the request for Physical Therapy 2x3 neck, low back, bilateral shoulder, and bilateral feet. The patient has already undergone multiple courses of physical therapy in the past, far exceeding the recommended guidelines. Additionally, the medical records do not establish evidence of functional improvement as a result of the previous treatment. In the absence of documented functional improvement, further formal treatment would not be recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x3 Neck, Low Back, Bilateral Shoulder and Bilateral: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General Approaches Page(s): 98-99,. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114 Official Disability Guidelines (ODG) Neck Chapter, Low Back Chapter, Shoulder Chapter, and Foot Chapter

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. It is noted in the records reviewed that this is a request for physical therapy 2 times a week for 3 weeks for the neck, low back, bilateral shoulder, and bilateral feet. According to the UR decision dated 7/23/14, the patient has had at least 26 sessions of physical therapy to the cervical spine, 18 sessions to the right wrist, 30 sessions to the left shoulder, and 56 sessions to the right shoulder. Guidelines support up to 10 visits over 8 weeks for sprains and strains of neck, lumbar sprains and strains, and shoulder sprains. 9 visits over 8 weeks are recommended for foot sprains. An additional 6 physical therapy visits would clearly exceed guideline recommendations. Excessive physical therapy can lead to treatment dependence. There is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. In addition, this is an injury from 2007, and it is unclear why the patient is not participating in an independent home exercise program. Therefore, the request for Physical Therapy 2x3 Neck, Low Back, Bilateral Shoulder and Bilateral was not medically necessary.