

Case Number:	CM14-0147828		
Date Assigned:	09/29/2014	Date of Injury:	10/23/2013
Decision Date:	10/30/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/11/2014

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 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 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 50-year-old female with a reported date of injury on 10/23/2013. The mechanism of injury was due to a slip and fall. Her diagnoses were noted to include chronic facet hypertrophy of the lumbar spine, chronic lumbar strain, left shoulder subacromial impingement, left shoulder partial rotator cuff tear, compensatory chronic left trapezial strain, and chronic cervical strain. Previous treatments were noted to include medication, activity modifications, steroid injections, and physical therapy. The progress note dated 06/17/2014 revealed complaints of neck, lower back and left shoulder pain. The injured worker rated her pain to the cervical, lumbar, and left shoulder rated 8/10. The injured worker complained of radiation of pain to the left hand and left leg. The physical examination revealed decreased range of motion to the cervical spine. There was tenderness to the paraspinal and trapezius muscles, left greater than right. Sensation was decreased at 4/5 on the left at C5, C6, C7, and C8. The strength was decreased at 4/5 on the left at C5, C6, C7 and C8. The physical examination of the lumbar spine revealed decreased range of motion with tenderness to the paraspinals. The Kemp's sign was positive bilaterally. There was decreased strength and sensation at 4/5 on the left at L4, L5, and S1. The physical examination of the left shoulder revealed decreased range of motion with flexion was to 140 degrees and abduction was to 120 degrees. There was decreased strength on flexion and abduction at 4/5. The provider indicated the injured worker had performed 3 out of 12 sessions to the neck, back and left shoulder and reported it was helping so he wanted her to continue. The physical therapy note dated 07/02/2014 revealed the range of motion to the cervical spine was 38 degrees of flexion, 19 degrees of extension, 12 degrees of side bending, and went to 34 degrees of flexion, 27 degrees of extension, and 13 degrees of side bending. The range of motion to the lumbar spine was noted to start at 20 degrees of flexion, 6 degrees of extension, and 14 degrees of side bending and ended at 45 degrees of flexion, 14

degrees of extension, and 13 degrees of side bending. The left shoulder range of motion was noted to start at 134 degrees flexion, 137 degrees abduction, and 58 degrees of external/internal rotation and end at 137 degrees flexion, 123 degrees abduction, 77 degrees external rotation, and 73 degrees internal rotation. The physical therapist indicated the injured worker at that time had received 8 sessions of physical therapy. The Request for Authorization form was not submitted within the medical records. The request was for physical therapy 2 x 6 to the cervical, lumbar, and left shoulder; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2 X 6 - CERVICAL, LUMBAR, LEFT SHOULDER: Upheld

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

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

Decision rationale: The request for physical therapy 2 x 6 to the cervical, lumbar, and left shoulder is not medically necessary. The injured worker has participated in previous physical therapy sessions. The California Chronic Pain Medical Treatment Guidelines recommend active therapy 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. 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. The guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. The documentation provided showed documentation up to 8 out 12 visits of physical therapy and there is a lack of documentation regarding quantifiable measurable objective functional improvements with completed physical therapy sessions. Additionally, the request for 12 sessions of physical therapy exceeds guideline recommendations. Therefore, the request is not medically necessary.