

Case Number:	CM14-0149017		
Date Assigned:	09/18/2014	Date of Injury:	03/29/2013
Decision Date:	10/17/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/12/2014

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 Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 45 year-old male with a date of injury of 3/29/2013. A review of the medical documentation indicates that the patient is undergoing treatment for chronic pain in his neck, low back, bilateral knees, left shoulder, and left wrist. Subjective complaints (8/13/2014) include pain in the low back, neck, right and left knee, left shoulder, and left wrist along with difficulty walking up stairs. Objective findings (8/13/2014) include tenderness to palpation on medial right knee, lumbar and cervical paraspinal muscles; and decreased range of motion in cervical and lumbar spine as well as left shoulder. The medical documentation states the patient has undergone multiple imaging tests including X-ray of left wrist (normal) and MRIs on his left wrist, left shoulder, and cervical spine. The studies showed wrist ligament damage, shoulder ligament damage, cervical stenosis and disc degeneration. The patient has previously undergone medication therapy, physical therapy, acupuncture, and TENS unit therapy. A utilization review dated 9/8/2014 did not certify the request for physical therapy Qty 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy QTY: 8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG; Physical Therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy; Knee & Leg (Acute & Chronic), Shoulder (Acute & Chronic), Physical Therapy, ODG Preface - Physical Therapy

Decision rationale: According to the MTUS guidelines, physical therapy is recommended in some chronic pain circumstances and should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), and include active self-directed home physical medicine. Recommendations vary in length between wrist, shoulder, and back issues, but all recommend a discrete timeframe of physical medicine accompanied by a home program. All guidelines also recommend that after initial trial periods, clear evidence of improvement with treatment should be appreciable. The prior documentation for this patient states that physical therapy was previously tried and the patient stated he did not receive significant improvement from the therapy. The current treating physician does not reference this prior therapy, nor present a rationale for why additional physical therapy at this time would be indicated and why a different result may occur. The documents also do not clarify what kind of physical therapy is recommended or to which body part, which is important as they may have different goals and timelines. There is also no clear plan for fading of treatment frequency or a home program to accompany the physical therapy. Therefore, the request for physical therapy treatment, Qty 8, is not medically necessary.