

Case Number:	CM14-0211881		
Date Assigned:	12/24/2014	Date of Injury:	05/01/2013
Decision Date:	02/27/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 39 year old individual with an original date of injury of 5/1/2013. The patient was struck by a truck while on bike patrol. The injured regions include the right shoulder, AC joint injury, and chronic neck pain. The physical examination from a progress note dated January 7, 2015 indicate that there is tenderness and decreased range of motion of the cervical spine and right shoulder. A prior progress note from October 29, 2014 also documents decrease range of motion of the shoulder, tenderness, spasmed, and decreased range of motion of the cervical spine. There is documentation from a progress note on September 10, 2014 that this injured worker has completed 12 visits of physical therapy between the dates of April 29, 2014 and June 6, 2014. The patient has remained on disability since his injury and surgery and has not returned back to his usual and customary work. The disputed issue is a request for additional physical therapy. A utilization determination on November 26, 2014 had noncertified this request for 12 additional sessions of therapy. The rationale for this was that no objective positive patient response was noted from prior therapeutic intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy, 2 times a week for the cervical spine, lumbar spine and right shoulder; 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Shoulder, Low Back

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

Decision rationale: In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. There is documentation from a progress note on September 10, 2014 that this injured worker has completed 12 visits of physical therapy between the dates of April 29, 2014 and June 6, 2014. The patient has remained on disability since his injury and surgery and has not returned back to his usual and customary work. Thus no clear functional improvement has been noted, and additional physical therapy is not medically necessary.