

Case Number:	CM14-0215732		
Date Assigned:	01/05/2015	Date of Injury:	12/18/2009
Decision Date:	03/10/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/23/2014

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 53 year old female with date of injury 9/12/09. The mechanism of injury is stated as cumulative trauma. The patient has complained of neck pain, low back pain and right shoulder pain since the date of injury. She has been treated with physical therapy and medications. MRI of the cervical spine performed in 11/2010 revealed multilevel disc disease. MRI of the lumbar spine performed in 11/2010 showed multilevel disc disease. Objective: decreased and painful range of motion of the cervical and lumbar spines, positive trigger points in the cervical paraspinal musculature as well as trapezius and lumbosacral paraspinal musculature; decreased sensation to light touch in the bilateral L5-S1 dermatomes. Diagnoses: lumbosacral radiculopathy, myofascial pain syndrome, right shoulder pain. Treatment plan and request: home exercise program, swimming pool exercises 2 x 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home exercise programs (unspecified duration/quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines- Physical therapy guidelines

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

Decision rationale: This 53 year old female has complained of neck pain, low back pain and right shoulder pain since the date of injury. She has been treated with physical therapy and medications. The current request is for home exercise programs. Per the MTUS guidelines cited above in the section Physical Medicine/ therapy, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. A home exercise program does not require authorization and is performed at the patient's discretion. Home exercise programs are therefore not indicated as medically necessary.

Swimming pool exercises 2 x 4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the MTUS guidelines cited above in the section Physical Medicine/ therapy, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The MTUS recommendations for PT state for the passive (out of home) PT process, 8-10 visits over the course of 4 weeks are indicated for a diagnosis of neuralgia, neuritis and/or radiculitis, as in this case. The medical necessity for continued passive physical therapy is not documented as there is no evidence of a recent flare, re-injury or progression of symptoms or physical exam findings to continue PT as requested. As supported by the provided documentation, the claimant should, at this point, be able to continue active (self) home therapy. Physical therapy 3 x 2 is therefore not indicated as medically necessary.