

Case Number:	CM14-0219098		
Date Assigned:	01/09/2015	Date of Injury:	01/18/2013
Decision Date:	03/05/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/31/2014

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 & Rehabilitation

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 57 year old man sustained an industrial injury on 1/18/2013 due to cumulative trauma to the neck, left shoulder, bilateral hands and wrists, and bilateral knees. The current treating diagnoses are cervical sprain and adhesive capsulitis of the left shoulder. Treatment has included oral medications and physical therapy. Per physician notes dated 7/23/2014, current complaints include pain in the neck that radiates to the eyes and causes tension headaches with blurred vision and nausea, severe left shoulder pain with popping and clicking and associated muscle spasms, moderate to severe bilateral hand and wrist pain with popping and clicking and associates weakness and increased frequency of dropping things, and moderate bilateral knee pain with decreased range of motion. There is no further treatment history readily documented. There are no physical therapy notes submitted. On 12/5/2014, Utilization Review evaluated a prescription for physical therapy to the cervical spine and left shoulder, two to three times per week for four weeks, that was submitted on 12/31/2014. The UR physician noted that there is no documented functional improvement with previous therapy, current functional deficits that could not benefit from a home exercise program, and no indication that the worker has failed a home exercise program. The MTUS, ACOEM Guidelines, or ODG was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2-3 times per week for 4 weeks for the cervical spine and left shoulder:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy 2-3 times per week for 4 weeks for the cervical spine and left shoulder is not medically necessary and appropriate.