

Case Number:	CM14-0219209		
Date Assigned:	01/09/2015	Date of Injury:	07/28/2014
Decision Date:	03/24/2015	UR Denial Date:	12/23/2014
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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 55 year old male, who sustained an industrial injury on 7/28/14. On 1/19/15, the injured worker submitted an application for IMR for review of Physical therapy 3 times a week for 4 weeks for the cervical spine, thoracic spine, lumbar spine, bilateral shoulders, right knee and right elbow. The treating provider has reported the injured worker complained of neck and back pain described as dull, moderate but can be severe, nonradiating, improved with medication/heat. Symptoms increase with activity and certain movements. The diagnoses have included cervical sprain/strain, thoracic strain/sprain, lumbar sprain/stain, bilateral shoulder strain/sprain with right impingement and left biceps tendinitis, right elbow strain/sprain with olecranon bursitis, right knee strain/sprain with patellofemoral arthralgia, sprain of unspecified site of elbow and forearm, partial rotator cuff, sprain and unspecified site of knee and leg, chondromalacia of patella. Treatment to date has included physical therapy for cervical and thoracic and lumbar spine, back brace, medications for pain, x-rays (report not available). On 12/23/14 Utilization Review modified the request for Physical therapy 3 times a week for 4 weeks for the cervical spine, thoracic spine, lumbar spine, bilateral shoulders, right knee and right elbow to a six visit trial for assessment and/or the submission of supporting documentation. The MTUS and ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks for the cervical spine, thoracic spine, lumbar spine, bilateral shoulders, right knee and right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time (fading) should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the workers symptoms. The submitted documentation indicated the worker was experiencing neck and back pain. Documented examinations described minimal related objective findings at best, and the documented assessments did not described functional problems. There was no discussion describing the reason directed physical therapy would be expected to provide more benefit than a home exercise program. In the absence of such evidence, the current request for twelve sessions of physical therapy for the cervical, thoracic, and lumbar regions; both shoulders; and the right knee and elbow as three times weekly for four weeks is not medically necessary.