

Case Number:	CM15-0109092		
Date Assigned:	06/15/2015	Date of Injury:	08/01/2014
Decision Date:	07/16/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/05/2015

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, 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 a 59 year old male, who sustained an industrial injury on 8/1/14. The injured worker has complaints of neck pain and bilateral upper extremity weakness. The documentation noted that there is diminished sensation C4-T1 and some tenderness about the ankle. The diagnoses have included neck sprain and strain. Treatment to date has included C3-C6 fusion. Several documents within the submitted medical records are difficult to decipher. The request was for post-op physical therapy 3 x 4 - bilateral shoulder, left knee, bilateral foot/ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 3 x 4 - bilateral shoulder, left knee, bilateral foot/ankle: Upheld

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

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

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Specifically for impingement and rotator cuff issues, 10 sessions of PT are recommended. Within the documentation available for review, the patient has had surgery on 10/2014, however, it is unclear if this request is for initial physical therapy or additional physical therapy. It is also unclear if the patient's previous physical therapy has resulted in any functional benefits. Furthermore, there is no provision for modification of the current request in the independent medical review process. Given this, the current request for physical therapy is not medically necessary.