

Case Number:	CM15-0175841		
Date Assigned:	09/17/2015	Date of Injury:	04/17/2014
Decision Date:	10/27/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/08/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 was diagnosed as having headaches, cephalgia, cervical spine sprain or strain, cervical spine radiculopathy, left shoulder sprain or strain, left elbow sprain or strain, low back pain, lower extremity radiculitis, anxiety disorder, mood disorder, sleep disorder and stress. The request for authorization is for: Physiotherapy 3x a week for 6 weeks for the left shoulder and left elbow. The UR dated 8-14-2015: modified certification of physiotherapy 2x a week for 5 weeks for the left shoulder and left elbow. On 7-23-15, he is being treated for pain to the head, neck, left shoulder, left elbow and low back. He currently reported headaches, neck pain with spasms rated 7 out of 10, left shoulder pain with radiation into the arm to the fingers rated 7 out of 10, left elbow pain with muscle spasms rated 7 out of 10, and low back pain with muscles spasms rated 7 out of 10. Physical examination revealed neck tenderness with decreased range of motion, left shoulder tenderness with decreased range of motion, left elbow tenderness with decreased range of motion, and low back tenderness with spasm and decreased range of motion. The treatment and diagnostic testing to date has included: medications. The patient sustained the injury due to cumulative trauma. The medication list include Deprizine, Dicopanol, Fanatrex, Synaprin, Cyclobenzaprine and Tobradol. Patient had received trigger point injections for this injury. The patient had received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 3 times a week for 6 weeks, left shoulder, left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physiotherapy 3 times a week for 6 weeks, left shoulder, left elbow. The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." Patient has received an unspecified number of PT visits for this injury. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. There was no objective documented evidence of any significant functional deficits that could be benefitted with additional PT. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Physiotherapy 3 times a week for 6 weeks, left shoulder, left elbow is not medically necessary for this patient.