

Case Number:	CM14-0145338		
Date Assigned:	09/12/2014	Date of Injury:	05/15/1995
Decision Date:	10/22/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54 year old male who reported a date of injury of 05/13/2012. The mechanism of injury was reported as a fall. The injured worker had diagnoses of myofascial strain of lumbar spine, disc bilge L2-3, L3-4, subluxation L5-S1, status post left leg laceration and superficial thrombophlebitis. Prior treatments included physical therapy. The injured worker had an arterial ultrasound of the lower extremities on 01/27/2014 with the official report indicating the study was normal and a venous ultrasound of the lower left extremity on 01/27/2014 with the official report indicating there was no evidence of deep vein thrombosis. Surgeries were not indicated within the medical records provided. The injured worker had complaints of moderate pain in the neck and right shoulder. The clinical note dated 07/15/2014 noted the injured worker had tenderness to palpation with spasm and decreased range of motion of the cervical and lumbar spine. Medications were not indicated within the medical records provided. The treatment plan included the physician's recommendation to continue physical therapy 3 times a week for 4 weeks. The rationale was not indicated within the medical records provided. The request for authorization form was received on 07/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (body part unclear), 3 x per week for 4 weeks,: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back

Complaints,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation www.acoempracguides.org Cervical and Thoracic Spine, Table 2, and Low Back, Table 2

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

Decision rationale: The request for physical therapy (body part unclear), 3 X per week for 4 weeks is not medically necessary. The injured worker had complaints of moderate pain in the neck and right shoulder. The California MTUS guidelines recommend physical therapy as an active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend 9-10 visits over 8 weeks, allowing for fading of treatment from up to 3 visits per week to less than 1 for myalgia and myositis, plus an active self-directed home exercise program. There is a lack of documentation indicating the injured worker has significant functional deficits. It is noted the injured worker completed prior physical therapy; however, the number of completed sessions is not indicated. There is a lack of documentation indicating the injured worker received significant benefit from the prior physical therapy with documented functional, strength and endurance gains, to warrant the necessity of additional physical therapy. Furthermore, the request does not specify a body part to be treated to allow for the determination of necessity. As such, Physical Therapy (body part unclear), 3 x per week for 4 weeks, is not medically necessary.