MAXIMUS Federal Services

Case Number:	CM13-0011005		
Date Assigned:	12/04/2013	Date of Injury:	01/31/2008
Decision Date:	01/27/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in Texas. 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 physician 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 patient is a 58-year-old male who reported an injury on 10/2/02. He is currently diagnosed with shoulder pain and back ache. The patient was seen by [redacted] on 4/3/13, where he reported complaints of 8/10 pain with poor sleep quality. Physical examination revealed tenderness to palpation, tight muscle banding, positive facet loading maneuver, negative straight leg raising, restricted range of motion of the left shoulder, positive empty can and lift-off testing, positive Speed's testing, and positive drop arm testing. Treatment recommendations included an x-ray of the lumbar spine and continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for six physical therapy sessions for the lumbar spine and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility,

strength, endurance, function, and range of motion; it can also alleviate discomfort. Guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. The Official Disability Guidelines state medical treatment for lumbago includes 9 visits over 8 weeks. Medical treatment for a sprained shoulder includes 10 visits over 8 weeks. As per the clinical notes submitted, the patient's injury was 11 years ago to date. The patient has undergone left shoulder surgery in 2003. Documentation of a previous course of physical therapy was not provided for review. The patient's subjective complaints and physical examination findings have not changed in over a year. Physical examination of the lumbar spine only revealed tenderness to palpation with positive facet loading maneuver and tight muscle banding. Documentation of a significant musculoskeletal or neurological deficit was not provided. There is no indication that the patient is actively participating in a home exercise program. Based on the clinical information received, the request is non-certified.

The request for an MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Magnetic Resonance Imaging.

Decision rationale: The California MTUS Guidelines state that if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause, including MRI for neural or other soft tissue abnormality. The Official Disability Guidelines state that indications for imaging include thoracic or lumbar spine trauma, uncomplicated low back pain with exceptional factors, and myelopathy. As per the clinical notes submitted, there is no evidence of a neurological deficit or thoracic/lumbar spine trauma. There is no indication that this patient has failed a previous course of conservative therapy. There are also no plain films obtained prior to the request for an MRI. Based on the clinical information received, the request is non-certified.