

Case Number:	CM13-0016562		
Date Assigned:	11/06/2013	Date of Injury:	05/29/2012
Decision Date:	01/27/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/26/2013

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 licensed in Chiropractic, has a subspecialty in Acupuncture, and is licensed to practice in California. 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 claimant is a 55 year old male who suffered in a work-related injury on 5/29/12. He has pain in his low back, right shoulder, neck, head, and left groin area. He also has tingling in his left hand and dizziness. His primary diagnoses are cervical degenerative joint disease, lumbar narrowing, right shoulder status post arthroscopy, and inguinal hernia. The left inguinal hernia also radiates to the left testicle and the pain is getting worse. Ultrasound and examination shows a hernia on the left and a small right inguinal hernia. Prior treatment includes oral medication, physical therapy, right shoulder surgery, post surgical physical therapy, internal medicine management, chiropractic, epidural steroid injections, cortisone injections in the shoulder, cervical facet injections, topical creams, acupuncture, and psychological evaluation. On 8/7/13, his PTP states that there was no significant progress from his last two physical therapy treatments. On 10/1/13, the PTP states that the most recent MRI of the right shoulder reveals a full thickness tear of the supraspinatus tendon; the patient is obtaining a second opinion. The PTP states that the claimant is worse post right shoulder arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy twice a week for four weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 26, Postsurgical Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, postoperative physical therapy is medically necessary. However, the claimant is not responding to extensive physical therapy, and new MRI findings show a concerning tear. Therefore, the claimant should be re-evaluated prior to any determination for physical therapy can be made. Thus, eight additional physical therapy sessions is not medically necessary.

general surgical evaluation for a hernia with Dr. Timothy Katzen: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1, Postsurgical Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127

Decision rationale: According to evidence-based guidelines, a referral to a specialist is based on whether a plan or course of care can benefit from additional expertise. Since the PTP is a chiropractor, he does not have expertise in treating hernias; furthermore, guidelines show that physical medicine is not recommended for hernias. Instead, surgery is recommended. The inguinal hernia is currently symptomatic, worsening, and is documented on examination and special studies. Therefore, a surgical consult is medically necessary.