

Case Number:	CM13-0023778		
Date Assigned:	01/31/2014	Date of Injury:	01/28/2003
Decision Date:	07/29/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/13/2013

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 Board Certified in Internal Medicine and Pulmonary Diseases, 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 injured worker is a 49-year-old male who reported injury on 01/28/2003 due to continuous trauma. He complained of right shoulder pain in the entire shoulder girdle about 80% of the day. He also stated that he had pain and numbness in the right arm, rated at 8/10 to 9/10 on visual analogue scale (VAS). The physical examination revealed a loss of 30% of motion to the right shoulder in abduction, internal and external rotation was full motion with pain. There was also pain and a clicking sensation when right shoulder was abducted. Tenderness to palpation and percussion of the right shoulder was also noted. Abduction of the right shoulder was 156 degrees, forward flexion was 157 degrees, extension 46 degrees, internal rotation 64 degrees, external rotation 70 degrees, adduction 33 degrees and the motor strength was 5/5. Diagnostics that the injured worker has undergone have been electronic spinal cord stimulator on 07/31/2012, x-rays, an ultrasound evaluation of shoulders bilaterally, EMG/NCV, and an MRI. The injured worker has diagnoses of status post lumbar spine discectomy 01/13/2009, and status post right shoulder surgery 01/07/2005. Past treatment of the injured worker includes physical therapy, pain management, cervical spine stimulator, psych evaluation, and medication therapy. The patient's medications include Ultram ER 60 mg 60 tablets, Prilosec 20 mg, Percocet 10/325 mg 30, and Mobic. The treatment plan is for 12 physical therapy sessions for lumbar spine and right shoulder. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY SESSIONS FOR LUMBAL SPINE AND RIGHT SHOULDER:
Upheld

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

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

Decision rationale: The injured worker complained of right shoulder pain that radiated to his right arm, causing pain and numbness. He rated his pain 8-9/10 on a VAS. The California MTUS states that physical medicine with 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. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The injured worker had been receiving physical therapy since at least 12/20/2012. There was no evidence of clear documentation of functional improvements with program and progress as a result of prior therapy received. The MTUS Guidelines recommend a short course of physical therapy for shoulder and low back as an optional form of treatment, provided treatment is supervised by therapy using exercise and active modalities are utilized. As such the request for 12 physical therapy sessions for lumbar spine and right shoulder is not medically necessary.