

Case Number:	CM13-0045956		
Date Assigned:	12/27/2013	Date of Injury:	11/16/2012
Decision Date:	03/07/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/13/2013

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 Physical Medicine & Rehabilitation 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 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:

This 44 year-old male claimed a low back injury on 11/16/12. The mechanism of injury occurred when he was pulling bundles of trees and plant debris. The patient's diagnosis was multi-level DDD of the lumbar spine with facet arthropathy and right shoulder impingement syndrome. His symptoms included right shoulder pain as documented in the 01/05/2013 office visit on 05/31/2013 examination with palpable tenderness over the anterolateral and AC joint of the right shoulder. There was mild restriction in flexion of the right shoulder when compared with the left. Positive impingement sign and Neer's test. Throughout the year, additional office notes mentioned the right shoulder pain and positive anterior and posterior apprehension signs on the 09/27/2013 examination. Thus far, he has received treatment to the right shoulder including medications and injections. MRI of the right shoulder performed 08/28/2013 reported findings consistent with impingement syndrome. During the 09/27/2013 office visit, his physician noted the focal moderate to severe tendinosis of the rotator cuff and requested 12 physical therapy sessions as the only treatment to date was the subacromial injection with temporary relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (12 sessions): Upheld

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

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

Decision rationale: The CA MTUS state that physical medicine can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. The injured worker has been documented to have complaints of pain in earlier documents indicating the short term relief would not apply to this injured worker as it was not performed in the early stages. Further, the requested amount of visits outweighs the number of treatments recommended by the guidelines.