

<b>Case Number:</b>	CM13-0060652		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/14/2011
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 14, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier shoulder arthroscopy on June 13, 2013; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of November 22, 2013, the claims administrator denied a request for six additional sessions of physical therapy, stating that the applicant should be capable of transitioning to home exercise program. The claims administrator also seemingly denied a request for a pain management consultation. Little or no rationale for the pain management consultation denial was provided. Specifically reviewed is an operative report of June 30, 2013, in which the applicant underwent a left shoulder arthroscopy with subacromial decompression procedure. A December 16, 2013 progress note was notable for comments that the applicant should remain off of work until January 21, 2014 and then return to regular work effective January 22, 2014. It was stated that the applicant could consider an epidural steroid injection and/or additional physical therapy. It was stated that the applicant had completed 24 sessions of physical therapy without much change in range of motion. The attending provider writes that the applicant's therapist felt that he could not benefit from earlier therapy. Multiple other progress notes interspersed throughout 2013 are notable for comments that the applicant is off of work, including a note dated November 20, 2013. An April 15, 2013 medical-legal evaluation suggested that the applicant had reportedly developed pain secondary to cumulative trauma at work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PAIN MANAGEMENT CONSULT FOR LUMBAR SPINE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 15 Stress Related Conditions Page(s): 305-306.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

**Decision rationale:** The applicant is having chronic pain issues and delayed recovery issues which have persisted despite appropriate conservative treatment in the form of time, medications, physical therapy, etc. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which proved recalcitrant to conservative treatment should lead the primary treating provider to reconsider the operating diagnosis and consider a specialist evaluation. In this case, the applicant's failure to improve, failure to return to work, and apparent consideration of an epidural steroid injection should lead the attending provider to consider consultation with a chronic pain physician, such as a pain management physician. Therefore, the request is medically necessary and appropriate.

**PHYSICAL THERAPY 2 TIMES PER WEEK FOR 3 WEEKS TO THE BILATERAL SHOULDERS AND BACK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The Utilization Review Report was dated November 22, 2013, i.e., still within the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following shoulder arthroscopic rotator cuff repair surgery on June 13, 2013. In this case, the applicant had already had prior treatment (24 sessions) seemingly compatible with postsurgical treatment following rotator cuff repair/acromioplasty surgery apparently consistent with the 24-session course recommended in MTUS 9792.24.3 following the rotator cuff repair/acromioplasty procedure which apparently transpired here. As noted by the attending provider, the applicant eventually reached the plateau with the 24 prior sessions of physical therapy. The applicant's range of motion and strength apparently plateaued. The attending provider herself commented that additional physical therapy beyond the guideline does not appear to be indicated, given the fact that the applicant had essentially plateaued. Therefore, the request for additional physical therapy is not medically necessary and appropriate.