

Case Number:	CM13-0065255		
Date Assigned:	01/03/2014	Date of Injury:	10/26/2001
Decision Date:	06/05/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/13/2013

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 Physical Medicine and 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 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 patient is a 71-year-old, injured on October 26, 2001 injuring his left shoulder. According to the Determination dated December 10, 2013: Chiropractic daily note dated December 3, 2013 indicates that the claimant has mild to occasional mid back pain rated 2/10, moderate lower back pain rated 4/10, mild and intermittent bilateral buttock pain rated 2/10, minimal and intermittent hamstring pain rated 2/10 and occasional to moderate left shoulder pain rated 5/10. Examination of the thoracolumbar spine reveals spinal subluxations/restrictions at the left pelvis, right L5, and anteroposterior T6 and T7. There are myospasm of the paraspinal musculature grade 3/5 with regional and segmental tenderness. Examination of the left shoulder reveals tenderness with reduced range of motion. Treatment plan includes manipulation, exercises and modalities. Review of claim indicates the claimant has completed 26 sessions of chiropractic care. AME dated August 9, 2013 documents the patient has not been able to consider shoulder or lumbar surgery as his wife is dying from liver failure and he must provide care for his adopted child. His primary complaint is pain in his left shoulder with weakness and inability to use his arm above shoulder height. He is reporting less pain in the right shoulder with some weakness. He has intermittent numbness and tingling in the right hand. He has constant low back pain that intermittently radiates to his buttock and thighs and into the legs. He has pain and weakness in his right leg and ankle. He uses a cane for balance because the right leg will "give way." The patient's current medications include hydrocodone and pain patches. Objective findings on examination of the left shoulder reveal positive impingement I and II signs. Rotator cuff strength is 4/5. The AC joint is painful with provocation. Popeye sign is consistent with chronic biceps tendon rupture. Lift-off test is negative. There is no bicipital tendon pain. Instability testing is negative. Shoulder range of motion is decreased in flexion and extension and abduction bilaterally. Shoulder also has decreased adduction and internal rotation. Examination of the

thoracolumbar spine reveals central lower back tenderness. ROM (range of motion) is 50% of normal, in part related to patient's size. Impression: left shoulder - rotator cuff tear, right shoulder - impingement syndrome, r/o rotator cuff tear, bilateral carpal tunnel syndrome, right greater than left, lumbar stenosis with multilevel degenerative disc disease, status post bilateral total knee replacement, and status post right Achilles tendon rupture and repair. AME stated that apportionment is appropriate for medical treatment. Bilateral shoulder should be allowed cortisone injection (s) and may ultimately come to rotator cuff surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, QTY.12: 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 based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, 98-99.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, physical medicine 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. Further guidelines indicate that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The medical record documents that the injury occurred twelve years ago and it is assumed that the patient should have had physical therapy with chiropractic care. The medical records did not document significant functional improvement from past completed session. This patient is expected to be well-versed in an independent home exercise program to address remaining deficits. The request for twelve sessions of physical therapy is not medically necessary or appropriate.