MAXIMUS Federal Services

Case Number:	CM14-0004954		
Date Assigned:	01/24/2014	Date of Injury:	05/28/2013
Decision Date:	06/02/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 60 year old male who had a work injury on 5/28/13. On this date the patient sustained an injury involving his head, neck, left shoulder and back while performing his regular duties at work. He suffered a left shoulder acromioclavicular joint separation which was grade IV with rotator cuff tear, impingement, and biceps tear. He underwent left shoulder arthroscopy as well as acromioclavicular joint reconstruction and subacromial decompression with arthroscopic rotator cuff repair and mini open biceps tenodesis, and injection of Marcaine on 9/11/13. The diagnoses also include cervical herniated nucleus pulposus, lumbar herniated nucleus pulposus, cervical myofascial sprain/strain; lumbar myofascial sprain/strain .There is a request for 6 visits of physical therapy each to the cervical and lumbar spine. An 11/21/13 worker's comp post op note indicated that the patient states that his shoulder is feeling better. He is still feeling weak. He has 2 sessions left of shoulder physical therapy but is hoping he gets more sessions approved. He is also complaining of cervical and lumbar spine pain. A 1/15/14 orthopedic follow up document states that the patient's shoulder range of motion is improving. He has a lot of pain with physical therapy. He complains of left arm weakness. On examination he has neck pain and has headaches. The pain radiates to his back and is worse with lying down. He is in physical therapy and 12 sessions were authorized. He is having low back pain too. His left shoulder wounds are healed. He has active flexion to 90-100 degrees, (passively to 130 degrees) passive ER 60 degrees. IR to 20 degrees slight superior elevation of left clavicle since last visit. There is moderate pain with range of motion of the left shoulder, especially when trying to flex past 90 degrees. The neck range of motion was flexion 20 deg. extension 10 degrees. Rotation 20 right, 10 left bending 10 degrees right and left with moderate/severe pain in all directions, positive pain and spasm 2+ on palpation paraspinals and midline. The motor

strength was 5/5 both UE's, and sensation intact. The lumbar spine revealed that flexion was 90 degrees extension was 2 degrees with moderate/severe pain, rotation 15 degrees bilateral all with moderate/ severe pain. Tenderness midline and paraspinal sacroiliac joint and bilateral buttocks. There is a positive straight leg raise on the left leg. Motor weakness 4/5 left ankle dorsiflexors and plantarflexors, and entire left leg. There is decreased sensation left leg (new since his industrial accident). The patient has a history of chronic left leg atrophy from polio. There is decreased sensation to light touch to left hand and left leg laterally. I The left hand exam shows incomplete full grip of left index finger and ring finger with tenderness over the A 1 pulley. X-rays reveal that the left shoulder 2 views, slight superior displacement of distal clavicle, it appears it loosened since last visit. The cervical spine 4 view: diffuse disc narrowing. facet joint narrowing. The Lumbar x-ray reveals disc narrowing, facet narrowing. Per documentation the patient sustained cervical and lumbar sprain/strain, with possible new onset of disc herniation. He has some degenerative discs in both areas, was exacerbated/aggravated by his industrial accident.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES 6 FOR THE CERVICAL SPINE: 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 request for physical therapy 2 x 6 for the cervical spine is not medically necessary as written per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The request as written would exceed the guideline recommendations and is therefore not medically necessary.

PHYSICAL THERAPY 2 TIMES 6 FOR LUMBAR SPINE: 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 request for physical therapy 2 x 6 for the lumbar spine is not medically necessary as written per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The request as written would exceed the guideline recommendations and is therefore not medically necessary.