

Case Number:	CM14-0104396		
Date Assigned:	07/30/2014	Date of Injury:	10/15/1990
Decision Date:	09/25/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/07/2014

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 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:

This patient is a 57 year old male who has developed persistent shoulder and low back pain subsequent to injury dated 10/15/90. He is described to experience periodic exacerbations of this shoulder and low back pain. The diagnosis includes bilateral shoulder impingement/bursitis and low back pain with radiculitis. Spinal neurological exam is normal. The treatment consists of Lidocaine patches, oral NSAIDs (Lodine) and an independent exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times a week for 6 weeks for Right Shoulder and Lumbar: Upheld

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

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

Decision rationale: The MTUS Guidelines support up to 8-10 sessions of physical therapy for most chronic musculoskeletal conditions. The request far exceeds what is considered adequate treatment by Guidelines and there are no unusual circumstances to justify an exception to guidelines. The request for 18 sessions (3x's 6 weeks) of physical therapy for the right shoulder and low back is not medically necessary.

