

Case Number:	CM14-0139112		
Date Assigned:	09/05/2014	Date of Injury:	10/25/1999
Decision Date:	10/16/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/27/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 58 year-old male was reportedly injured on 10/25/1999. The most recent progress note, dated 6/27/2014, indicates that there are ongoing complaints of low back pain that radiates into the right lower extremity, right knee pain, and left shoulder pain. The physical examination demonstrated: positive tenderness to palpation over the left posterior superior iliac spine. No recent diagnostic studies are available for review. Previous treatment includes Toradol injections, steroid injections, medications, therapy, and conservative treatment. A request had been made for referral to orthopedic specialists for consult of left total shoulder replacement, physical therapy the lumbar spine right knee 2 times a week times 8-10 weeks #20, massage therapy for the lumbar spine #20, and was not certified in the pre-authorization process on 6/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Orthopedic surgeon specialist consult for left total shoulder replacement: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127

Decision rationale: The MTUS supports the use of referrals when a diagnosis is uncertain, extremely complex, or when the claimant may benefit from additional expertise. Based on the clinical documentation provided, there are insufficient subjective and objective physical findings of the left shoulder in the treatment records to necessitate referral to orthopedic surgery. Therefore this request is deemed not medically necessary.

Associated surgical service: Physical therapy for the lumbar spine and right knee x 20:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

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

Decision rationale: MTUS guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis; and recommend a maximum of 10 visits. The claimant has multiple chronic complaints. The medical records fail to demonstrate the outcome of previous physical therapy visits. In the absence of clinical documentation to support additional visits, this request is not considered medically necessary.

Associated surgical service: Massage therapy for the lumbar spine x 20: 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): 60.

Decision rationale: The California MTUS guidelines support the use of massage therapy as an adjunct to other treatments (i.e. physical therapy & exercise) and states it should be limited as to 4-6 visits in most cases. Given that the lack of objective clinical findings on physical examination, a course of massage therapy for chronic neck and back pain is not supported by the above stated guidelines. Therefore, massage therapy, is not considered medically necessary.