

Case Number:	CM14-0151552		
Date Assigned:	09/19/2014	Date of Injury:	09/08/2012
Decision Date:	10/24/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/16/2014

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 Internal Medicine and is licensed to practice in California and Illinois. 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 injured worker is a 69-year-old male who reported an injury on 09/08/2012 due to cumulative trauma. Diagnoses were industrial aggravation of multilevel lumbar spine degenerative disc disease with L4-5 moderate to severe foraminal stenosis and moderate central canal stenosis, right proximal humerus fracture, status post ORIF subsequent adhesive capsulitis, right shoulder, and status post arthroscopic debridement, right shoulder. Past treatments have been medications, physical therapy, home exercise program. The injured worker had suffered a fracture of the right humeral head and neck area. He had undergone an open reduction internal fixation. It was reported that the injured worker had lost 25 pounds. Physical examination on 07/21/2014 revealed complaints of constant pain that radiated into the trapezius and interscapular region. There were complaints of pain with motion. There were reports of low back pain that radiated into the right leg and left leg. Examination of the right shoulder revealed tenderness in the subscapular, the acromioclavicular and subacromial. Range of motion was decreased in the right shoulder. Muscle strength was 5/5. Impingement sign was negative. Examination of the lumbar spine revealed positive for tenderness, paraspinal muscles were positive for tenderness. Range of motion for the lumbar spine for flexion was to 40 degrees, extension was to 15 degrees. Left and right lateral bending was to 20 degrees. Straight leg raise was 45 degrees on the right and the left. Deep tendon reflexes were 2+ bilaterally. Sensation was decreased in the right. The injured worker did have a surgery in the past on the right shoulder. Treatment plan was for medications and physical therapy. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks (qty 8) for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Procedure Summary- physical therapy guidelines

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

Decision rationale: The decision for physical therapy 2 times a week for 4 weeks quantity 8 for right shoulder is not medically necessary. The California Medical Treatment Utilization Schedule states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance in functional activities with assistive devices. Functional improvement was not reported for the injured worker for having physical therapy. It was reported that the injured worker had 35 sessions of physical therapy. The rationale for the physical therapy was not reported. Medications for the injured worker were not reported. The clinical information submitted for review does not provide evidence to justify physical therapy. Therefore, this request is not medically necessary.

Physical therapy x2 for the lumbar/sacral spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Low Back Procedure Summary, physical therapy guidelines

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

Decision rationale: The decision for physical therapy x 2 the lumbar/sacral spine is not medically necessary. The California Medical Treatment Utilization Schedule states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance in functional activities with assistive devices. Functional improvement was not reported for the

injured worker for having physical therapy. It was reported that the injured worker had 35 sessions of physical therapy. The rationale for the physical therapy was not reported. Medications for the injured worker were not reported. The clinical information submitted for review does not provide evidence to justify physical therapy. Therefore, this request is not medically necessary.