

Case Number:	CM14-0179938		
Date Assigned:	11/04/2014	Date of Injury:	01/20/2011
Decision Date:	12/09/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/30/2014

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 injured worker is a 43 year old male who had a work injury dated 1/20/11. The diagnoses include discogenic neck condition, discogenic lumbar condition; impingement syndrome; element of depression. Per documentation the injured worker is status post left shoulder surgery which was a left shoulder operative arthroscopy, synovectomy, bursectomy, coracoacromial ligament release, Neer type acromioplasty followed by biceps tendon release and stabilization, as an open procedure on 4/28/14. He had authorization for 12 sessions of physical therapy, started on June 11, 2014. Under consideration are requests for physical therapy 2 times a week for 6 weeks to the left shoulder and lumbar spine. There is a 9/24/14 document that states that the injured worker has "had 24 physical therapy sessions." He still has some stiffness and loss of motion. There is a request for physical therapy. In terms of back, his back pain is excruciating. For the exam he was bending over the table to hold on. He is waiting for authorization for injections. He has tenderness across lumbar paraspinal muscles, pain with facet loading. There is decreased lumbar range of motion. He cannot do Milgram's testing. He can stand on toes and heels. His left shoulder range is 115 degrees and he has tenderness along the trapezius and shoulder girdle. Otherwise he has good strength.

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 6 Weeks to the Left Shoulder and Lumbar Spine:
Upheld

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

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

Decision rationale: Physical Therapy 2 Times a Week for 6 Weeks to the Left Shoulder and Lumbar Spine is not medically necessary as written per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for the low back. The request as written exceeds this number of visits. Additionally, it is unclear from the documentation whether or not the injured worker has had prior lumbar physical therapy and the outcome of this therapy. The injured worker has had shoulder surgery of which allows 24 post op visits. The injured worker has had half of those visits (12). The documentation indicates improvement in shoulder range of motion despite persistent pain. It would be medically reasonable for the injured worker to have additional shoulder post op therapy. As the request is for both physical therapy for both the left shoulder and back are requested the request as written is not medically necessary.