

Case Number:	CM14-0029863		
Date Assigned:	06/20/2014	Date of Injury:	11/13/2012
Decision Date:	07/17/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/10/2014

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 Texas. 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:

A prior UR determination on 2/19/2014 stated no medical necessity of the requested post-op physical medicine/chiropractic therapy 34 visits over 16 weeks for lumbar for right shoulder. The review noted that the dates of surgery, procedures and mpost-operative courses were not discussed. It was unknown if the patient had post operative physical therapy. It was noted the patient's functional response to an initial course of therapy should be assessed prior to subsequent visits. According to the Primary treating physician's progress report dated 1/29/2014, the patient complains of constant severe right shoulder pain described as sharp, very heavy. Pain is aggravated by lifting her arm and using the arm, and pain is increased when changing clothes. She complains of constant severe lumbar pain described as sharp, aggravated by walking, standing, and doing housework. She reports pain radiates down the left lower extremity. Objective findings of the lumbar are reported to reveal post surgical scar, 4+ spasm and tenderness to lumbar paraspinal muscles from L2 to S1 and multifidus. Kemp's test is positive bilaterally, Braggard's positive on the left, left patellar, hamstrings, Achilles reflexes are decreased. Objective findings of the shoulders are reported to reveal 3+ spasm and tenderness to the right rotator cuff muscles and upper right shoulder muscles, positive Codman's test, Speed's test and Supraspinatus test on the right. Diagnostic impressions bursitis and tendinitis of the right shoulder. Aftercare surgery musculoskeletal system (Right shoulder and lumbar spine); Rupture of Rotator cuff; Lumbar disc displacement with myelopathy; Lesion of sciatic nerve; Bursitis and Tendinitis of the Right Shoulder. The report states that on 1/15/2014, the patient was seen by [REDACTED] for a post-surgical consultation for her right shoulder. On 1/16/2014, the patient was seen by [REDACTED] for a post-surgical consultation for her lumbar spine. She was cleared for therapy. Requesting authorization for 34 sessions of post-operative physical medicine for lumbar spine. Patient was unable to start her authorized 6 sessions of post operative therapy for her right

shoulder due to her lumbar spine surgery on 12/3/2013. Requesting extension for the therapy because of her incapacity due to her lumbar spine surgery. The patient was prescribed topical compound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical medicine/ chiropractic therapy 34 visits over 16 weeks for the lumbar and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 12; 25-26; 26-27.

Decision rationale: According to the Post-Surgical Treatment Guidelines, if postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. The medical records do not indicate when the patient underwent surgery, nor the type of surgery performed. In absence of this information, it is not established that the patient is within the post-surgical guidelines treatment period. In addition, it is not clarified whether the patient has undergone any post-operative therapy to date, and her response to treatment. Based on the information provided in the submitted records, the medical necessity of the requested post op therapy has not been established.