

Case Number:	CM14-0041361		
Date Assigned:	06/27/2014	Date of Injury:	08/19/2013
Decision Date:	09/11/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 is a male patient with a date of injury of August 19, 2013. A utilization review determination dated March 10, 2014 recommends non-certification of physical therapy 3X4 for the right shoulder, cervical spine, thoracic spine, and lumbar/sacral spine. A progress note dated January 20, 2014 identifies subjective complaints in the left shoulder of frequent sharp to aching moderate pain rated at a 4 out of 10, with associated weakness and increased pain with movement. In the right shoulder the patient reports frequent sharp to aching moderate pain rated at a 4 out of 10, with associated weakness, numbness, stiffness, popping, and increased pain with movement. In the back the patient complains of sharp, frequent to constant severe pain rated at a 6-7 out of 10 with associated stiffness, and increased pain with doing anything and decrease pain with sitting. Physical examination identifies tenderness to palpation of the cervical spine over the bilateral paracervical and trapezius musculature, as well as tenderness over the cervical spinous processes from C2 to T2. Cervical spine range of motion with flexion is 45, extension is 30, and right and left lateral bending is 30. Bilateral shoulder examination revealed tenderness along the acromio clavicular joint, supraspinatus tendon, deltoid bursa, and glenohumeral joint. Range of motion with flexion is 130 on the right and 150 on the left, extension is 30 bilaterally, abduction is 90 on the right and 120 on the left, adduction is 30 bilaterally, internal rotation and 70 bilaterally, and external rotation is 45 bilaterally. Physical examination of the lumbar spine reveals tenderness to palpation over the paralumbar musculature bilaterally as well as over the lumbar spinous processes from L1 to L5. Active range of motion of the lumbar spine elicited pain, flexion is 80, extension is 20, bilateral lateral bending is 20, and bilateral rotation is 30. Muscle strength testing of the lower extremities bilaterally is 5/5. Diagnoses include cervical spine sprain/strain, bilateral shoulder sprain/strain, status post right shoulder surgery, status post right shoulder dislocation repair, and status post thoracic spine compression fracture. The

treatment plan recommends an MRI of the left shoulder, a request for authorization for 12 sessions of physical therapy for the cervical spine, thoracic spine, lumbar spine, and bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4 For The Right Shoulder, Cervical Spine, Thoracic Spine And Lumbar/Sacral Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 474.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 200; 173; 298, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98, Postsurgical Treatment Guidelines Page(s): 10-27, 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy; Neck & Upper Back Chapter, Physical Therapy; Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy 3x4 for the right shoulder, cervical spine, thoracic spine, and lumbar/sacral spine, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for physical therapy 3x4 for the right shoulder, cervical spine, thoracic spine, and lumbar/sacral spine is not medically necessary.