

Case Number:	CM14-0049021		
Date Assigned:	06/25/2014	Date of Injury:	07/18/2011
Decision Date:	08/05/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/26/2014

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 & Rehabilitation and Pain Management has a subspecialty in Interventional Spine 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:

The patient is a 43 year old with an injury date on 7/18/11. Patient complains of right shoulder weakness, persistent lower back pain that radiates to the bilateral legs with weakness/numbness, and has worsened by 10% since the last visit per 2/25/14 report. Patient is currently taking Ibuprofen, Methocarbamol, and Tramadol but the effect on pain/function was not included in 1/28/14 report. Based on the 2/25/14 progress report provided by [REDACTED] the diagnoses are: 1. L-spine HNP/FA/AT (Herniated Nucleus Pulposus/ facet arthropathy) 2. Right shoulder s/p SX (status post surgery) - right arm weakness Most recent right shoulder exam on 9/24/13 showed: tenderness to palpation and Decreased range of motion. Exam on 2/25/14 added reduced sensation to light touch/pinprick at left S1 dermatome. Positive straight leg raise test. [REDACTED] is requesting physical therapy sessions twice a week for 4 weeks for the right shoulder. The utilization review determination being challenged is dated 3/10/14 due to lack of documentation of specific functional deficits. [REDACTED] is the requesting provider, and he provided treatment reports from 9/24/13 to 2/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy sessions twice a week for 4 weeks for the right shoulder: Overturned

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 Physical Medicine Page(s): 98-99.

Decision rationale: This patient presents with right shoulder weakness, lower back pain, and bilateral leg pain and is status post right shoulder arthroscopy with Mumford procedure of unspecified date. The treater has asked for physical therapy sessions twice a week for 4 weeks for the right shoulder on 2/25/14. Review of the report shows no recent physical therapy. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the treater has asked for 8 sessions of physical therapy which appears reasonable for patient's persistent right shoulder pain and recent right shoulder weakness. Therefore, the request for physical therapy sessions twice a week for 4 weeks for the right shoulder is medically necessary and appropriate.