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| Case Number: | CM14-0065656 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 03/13/2008 |
| Decision Date: | 09/19/2014 | UR Denial Date: | 04/22/2014 |
| Priority: | Standard | Application Received: | 05/08/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine 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:

The injured worker is a 45 year old female who was injured on 03/13/08. The mechanism of injury is not described. There is one clinical note submitted for review; it is not dated. It is handwritten and is largely illegible. It does clearly indicate, however, that the injured worker may return to full duty on 05/14/14 with no limitations or restrictions. A clinical summary included with a previous UR dated 04/22/14 references a note dated 12/24/13 which reports the injured worker complains of left shoulder pain radiating to the neck and upper back and into the shoulder blades with low back pain in the right side radiating into the thoracic spine. The injured worker is diagnosed with sprains/strains of the bilateral shoulders, cervical spine and lumbar spine. Treatment has reportedly included physical therapy as recently as January 2014. The amount of physical therapy received to date is not indicated. The submitted clinical summary reports that on 12/24/13 and again on 03/18/14 the injured worker demonstrated decreased cervical ROM, tenderness to palpation, muscle spasms and positive shoulder depression test bilaterally. Examinations further revealed tenderness to palpation of the shoulders and shoulder ROM decreased by 20%. Imaging studies of the shoulders are referenced and reportedly reveal supraspinatus tendinosis and acromioclavicular joint hypertrophy in one shoulder and supraspinatus tendinosis in the other shoulder. An electromyogram/nerve conduction velocity of the bilateral upper extremities dated 11/25/13 is reported to be a normal electrodiagnostic study. A magnetic resonance image of the lumbar spine is reported to have revealed a central disc protrusion at L2-3. Disc protrusions with spinal canal narrowing and bilateral neuroforaminal narrowing are noted at levels L3-4, L4-5 and L5-S1. These imaging studies are reportedly dated 03/05/14. This is a request for eight sessions of physical therapy for the bilateral shoulders and back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight Physical Therapy sessions, Bilateral Shoulders and Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 OF 127.

Decision rationale: California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines state, "Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort." There are no legible clinical records submitted for review. As there are no treatment notes or clinical notes provided, the injured worker's response to this form of treatment is not identified. There is no evidence the injured worker has experienced improvements in strength, endurance, function or comfort. Based on this, medical necessity of eight sessions of physical therapy for the bilateral shoulders and back is not established.