

Case Number:	CM14-0092453		
Date Assigned:	07/25/2014	Date of Injury:	01/13/2014
Decision Date:	11/07/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/18/2014

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 Internal Medicine 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 injured worker is a 56-year-old woman who was working as a pre-school teacher. On January 13, 2014, she sustained an injury involving her left shoulder, back and right knee while performing her regular duties at work. She was supervising children in the playground area. One younger child riding a tricycle came directly in front of her while another child on a tricycle was riding behind her. She lost her balance and fell backwards, extending her left hand to break her fall. The impact with the concrete jolted her left shoulder and she landed on her buttocks in a sitting position. She felt immediate pain in her left shoulder, back and right knee. She was evaluated on January 13, 2014 where x-rays were taken of her back and medications were provided. She attended six physical therapy sessions, but did not benefit from the therapy. She was also provided an injection in her right buttock for pain, but this helped only for a day. She received an injection in her left shoulder, but this caused more pain. The injured worker has had 6 physical therapy sessions and 12 chiropractic sessions to date. The injured worker has been treated with medications, physical therapy, chiropractic care, and injections of the left shoulder. The physical examination shows minimal findings at the thoracic spine, lumbar spine, and left shoulder. Further diagnostic testing is being requested for the left shoulder to determine the source of the ongoing shoulder pain. On May 1, 2014, x-rays of the back, left shoulder and right knee were taken. She was diagnosed with joint pain left leg, shoulder impingement/bursitis, shoulder strain/sprain rotator cuff, knee chondromalacia patella, knee contusion, thoracic region spinal stenosis, thoracic sprain/strain, lumbar myofascial sprain/strain, lumbosacral spondylosis, and low back syndrome. An MRI of the left shoulder was recommended, home exercise for her right knee, and PT for her left shoulder and back. Ketoprofen topical cream was provided. On May 27, 2014, MRI of the left shoulder was performed. On June 23, 2014, MRI scans of the thoracic spine and lumbar spine were performed. Based on those findings, a referral to a spine

specialist was recommended. The July 30, 2014 notes indicated that the IW has multiple complaints. She complains of coccygeal pain when sitting. She has abdominal pain complaints, lower back pain, bilateral leg tingling and burning and weakness. Her MRI does not correlate with her complaints. She has an abnormal coccyx and this may be the cause of her tailbone pain when sitting. She also has sacroiliac osteophytes, which could correlate with SI joint pain, but on exam, she does not test strong positive for SI joint pain. Symptoms cannot be explained by her MRI findings. She is not taking any oral medications for her pain symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient additional physical therapy three (3) times a week times four (4) weeks to the thoracic, lumbar spine and left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2014, Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy

Decision rationale: Pursuant to the California Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional physical therapy three times per week for four weeks to the thoracic, lumbar spine and left shoulder is not medically necessary. In this case, the injured worker has received six physical therapy sessions and 12 chiropractic sessions to date. There are nominal findings on physical examination of the thoracic and lumbar spine and, currently, the injured worker is undergoing additional workup of the ongoing left shoulder pain. The Official Disability Guidelines allows for fading of treatment frequency (from up to three or more visits per week to one or less), plus active self-directed home physical therapy. Physical therapy frequency allows for 10 visits over five weeks. The injured worker had a total of six physical therapy sessions and 12 chiropractic sessions. At this time, there is no indication for additional physical therapy due to insufficient clinical findings and prior physical therapy and chiropractic sessions to date. Based on the clinical information in the medical record and the peer reviewed, evidence based guidelines, the physical therapy three times per week for four weeks to the thoracic, lumbar spine and left shoulder is not medically necessary.