

Case Number:	CM14-0094972		
Date Assigned:	09/16/2014	Date of Injury:	05/22/2013
Decision Date:	11/24/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/23/2014

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 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:

The injured worker is a 58 year old male with a date of injury on 5/22/2013. Records dated 2/12/2014 noted that he underwent urine drug testing which revealed negative results. Per 3/26/2014 records the injured worker complained of occasional right shoulder pain when arm was raised which was rated as moderate to occasionally severe. Pain would increase when lifting and and arm was raised. He also complained of on-and-off low back pain rated as moderate to occasionally severe. He noted radiation of pain into the right groin with occasional numbness and tingling sensation into the right thigh. Pain was increased with prolonged sitting. Thoracolumbar spine examination noted tenderness with spasm of the right paraspinal muscles and tenderness to palpation of the right sacroiliac. He has limited range of motion secondary to pain. Positive sitting root was noted. Right shoulder examination noted tenderness with spasm over the right upper trapezius muscle and tenderness to palpation of the glenohumeral and acromioclavicular joints. He has limited range of motion secondary to pain. Impingement, Apprehension sign, and Empty Can's test were positive. Per 4/23/2014 records indicate that the injured worker complained of right shoulder pain when arm was raised and rated it as moderate to occasionally severe. Pain was also increased with lifting. He also complained of low back pain that was on and off which he rated as moderate to occasionally severe. He noted radiation of pain to the right groin with occasional numbness and tingling sensation into the right thigh. Pain was increased with prolonged sitting. Physical examination findings remained essentially the same as with previous visit. He is diagnosed with (a) lumbar spine sprain and strain with radiculopathy, (b) lumbar spine desiccation, (c) lumbar spine hemangioma, (d) right shoulder sprain and strain, (e) right shoulder impingement, (f) right shoulder osteoarthritis, (g) right shoulder tendinosis, (h) right shoulder labral tear, (i) right shoulder effusion, (j) myospasms, and (k) gastritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the low back; 1x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Physical Medicine Treatment

Decision rationale: Based on the medical records, the injured worker has received 2x6 chiropractic treatment with included supervised physiotherapy. Guidelines indicate that if there is an additional request for either physical therapy, chiropractic and occupational therapy, there should be evidence of achieved benefits including decrease in pain levels or increase in functional activities. Records indicate that the clinical presentation of the injured worker remained unchanged with no demonstrated significant decrease in pain levels or increase in functional improvements. Moreover, injured workers who are suffering from a chronic condition is recommended by evidence-based guidelines to instead undergo active treatment modalities including exercise, education and activity modification which are proven to provide better and significant outcomes. Due to lack of requisite information, the requested physical therapy for the low back one by six is not medically necessary.