

Case Number:	CM14-0192312		
Date Assigned:	11/26/2014	Date of Injury:	05/10/2010
Decision Date:	01/12/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/17/2014

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 Family Medicine and is licensed to practice in New Jersey and New York. 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 28 year-old male who was injured on 5/10/10 after falling down 5 feet and hitting his head and right shoulder. A 500-lb bag of cement then landed on him. He complained of pain and tightness in mid and lower back, stiff neck and right shoulder. On exam, he had full range of motion of his cervical spine and lumbar spine but experienced some pain at end point of all ranges. He had no documented spasms. He had a positive straight leg raise on the right. He had normal range of motion of his right shoulder. He had a positive Hawkin's sign and normal strength and sensation of his upper extremity. A 10/2014 MR arthrogram showed a superior labrum anterior posterior (SLAP) tear in the right labrum. A lumbar MRI showed discogenic disease of L3-4 and L4-5 with no nerve root compression. He was diagnosed with right shoulder superior labrum anterior posterior tear, bilateral shoulder impingement, and lumbar discogenic disease. He complained of depressive symptoms due to his pain. He had a right shoulder subacromial injection. His medications included Naproxen, Tramadol, Omeprazole, and Cyclobenzaprine. Physical therapy and acupuncture for the right shoulder and lower back were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 to the right shoulder and low back: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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 (ODG) Physical therapy--Shoulder, Physical therapy--Low back

Decision rationale: The request is considered medically necessary. The patient was injured in 5/10/10 but there was no documentation that the patient had received physical therapy and what his response was to therapy. He continued with pain and tightness of his lower back as well as stiffness in his right shoulder. As per California Medical Treatment Utilization Schedule (MTUS) guidelines, 8-10 visits are recommended for myalgias and neuralgias. As per Official Disability Guidelines (ODG) guidelines, 10 visits over 8 weeks for labrum lesions of the shoulder and lumbar disc disease. The eight requested sessions fall within the recommended limits. Therefore, the request is considered medically necessary.