

Case Number:	CM15-0005150		
Date Assigned:	01/16/2015	Date of Injury:	04/22/2014
Decision Date:	03/16/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was a 51 year old male, who sustained an industrial injury April 22, 2014. The injury occurred when removing heavy items off a conveyor belt. The lumbar back injury was sustained when being hit from behind with a forklift. The injured worker chief complaint was left elbow radiating to the index finger and thumb and lower back pain. The injury was sustained while working on an assembly line, lifting heavy items off the assembly line. The injured worker was diagnosed with, epicondylitis medial and lateral, strain/sprain left elbowflexor tendonitis and minor extension tendinosis/tendinitis of the left elbow; moderate degenerative disc disease of L5-S1, disc osteophyte complex at L2-3, 3mm disc protrusion at L3-4, lumbar radiculopathy, and right shoulder strain/bursitis due to overcompensation. The injured worker had been treated with physical therapy for the lumbar spine and left elbow, bio-freeze, acetaminophen, orphenadrine citrate, heat/cold therapy, diagnostic studies, acupuncture to the lumbar spine and left elbow. On December 12, 2014, the primary treating physician requested physical therapy for the right shoulder 2 times a week for 6 weeks for subacromial bursa and limited flexion. On December 18, 2014, the UR denied Physical Therapy to the right shoulder, 2 times a week for 6 weeks. The denial was based on the MTUS Chronic Pain Medical Treatment Guidelines for Physical Medicine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 to right shoulder: Upheld

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

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

Decision rationale: The patient presents with pain and weakness in his neck, right shoulder, lower back and extremities. The request is for 12 SESSIONS OF PHYSICAL THERAPY. The patient is currently working with modified duties. For non-post-operative therapy treatments MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the review of the reports indicates that the patient has had 8 sessions of physical therapy for the lumbar spine between 06/12/14 and 07/22/14. Per 07/22/14 physical therapy progress report, "the patient's condition has worsened." The 07/21/14 therapy report states that "the patient's condition has not improved significantly." Prior treatment appears to have failed. The treater does not explain why the patient is unable to transition in to a home program. The current request for 12 combined with 8 already received would exceed what is recommended per MTUS guidelines. Furthermore, the current request has been partially authorized by utilization review letter on 12/18/14 to 8 sessions. The request of 12 session of therapy IS NOT medically necessary.