

Case Number:	CM15-0006021		
Date Assigned:	01/26/2015	Date of Injury:	04/08/2006
Decision Date:	03/18/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/12/2015

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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 53 year old male who sustained an industrial injury on 4/8/05. The injured worker (IW) reported symptoms in the neck, back and shoulders. The diagnoses included cervical strain, shoulder strain and lumbar strain. Treatments to date have included oral pain medications and physical therapy. Per 10/22/14 chiropractic office note IW had not had any physical therapy in 6 years. An 05/13/14 right shoulder MRI had shown a labral tear and supraspinatus and infraspinatus tendinosis with impingement. She had been seen by an orthopedist who recommended a course of physical therapy. She reported function limited with activities of daily living, chores, cooking, cleaning and laundry. On exam lumbar ranged of motion was limited and painful. Right shoulder impingement and supraspinatus stress test were positive. There was moderate tension in the lumbar paraspinal and right upper trapezius muscles. Segmental dysfunction was noted at C6, T5, and L5. Right shoulder depression test was positive. Jackson test was positive bilaterally. PR2 dated 10/22/14 noted the injured worker presents with "sharp and dull, constant" pain in the neck, right shoulder and low back. Right shoulder range of motion was limited. Work restrictions, medications, and home exercises were recommended. 01/07/15 PR2 documented complaints of 10/10 neck pain and 9/10 pain in the right shoulder and low back. Right shoulder range of motion was limited. Neurological exam was normal. The treating physician is requesting physical therapy for neck, right shoulder, and lumbar, quantity of 10. On 1/9/15, Utilization Review non-certified a request for physical therapy for neck, right shoulder, and lumbar, quantity of 10. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the neck, right shoulder, and lumbar QTY: 10: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Harris J. Occupational Medicine Practice Guidelines, 2nd Edition (2004) pages 173-175, ODG-TWC Neck and Upper Back Chapter

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

Decision rationale: Office notes documented complaints of chronic right shoulder, neck, and low back pain with recent increase in symptoms. Injured worker reports limitations in performance of activities of daily living, and remains on work restrictions. A right shoulder MRI demonstrated a labral tear, rotator cuff tendinosis, and evidence of impingement. An orthopedist has evaluated the injured worker and recommended a course of physical therapy. Per injured worker's chiropractor there has been no therapy in approximately 6 years. Based upon the documented clinical findings and imaging, current functional limitations, and recent flare of symptoms, a course of additional physical therapy within the MTUS recommendation of up to 10 PT visits for treatment of myalgia/myositis is reasonable and medically necessary.