

Case Number:	CM15-0140307		
Date Assigned:	07/30/2015	Date of Injury:	07/16/2012
Decision Date:	08/26/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 47-year-old male who sustained an industrial injury 07-16-2012. Diagnoses include disorders of the bursae and tendons in the shoulder region, unspecified; lumbago; and displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included medications, chiropractic treatment, hot and cold treatment, shoulder surgery, acupuncture, facet joint injections and lumbar epidural steroid injection. His medications were helpful for pain and improved his function. According to the progress notes dated 6-24-2015, the IW reported right shoulder pain and mid and lower back pain with radiation to both legs and tingling in the soles of both feet. He also complained of associated numbness and tingling in the right hand and weakness in the right arm, right hand and the legs. The pain was rated 7 out of 10 without medication and 3 out of 10 with medications. On examination, he sat uncomfortably. Range of motion was decreased in the lumbar spine. There was tenderness to palpation over the bilateral lumbar paraspinal muscles and over the left lower facet joints. Facet loading was positive bilaterally, greater on the left. There was right arm weakness, numbness and tingling from the right shoulder to the hand, especially in the middle, ring and small finger. MRI of the lumbar spine dated 3-5-2013 showed mild facetogenic arthropathy at L4-5 and L5-S1. MRI of the right shoulder on 4-8-2013 showed post-operative changes of a labral repair; rotator cuff tendinosis without transmural tear; and a small amount of fluid around the long head of the biceps tendon within the bicipital groove. A request was made for physical therapy once per week for six weeks for the right shoulder and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1 time a week for 6 weeks for the right shoulder and lumbar spine:
Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in July 2012 and continues to be treated for right shoulder and low back pain. When seen, there had been improvement after completing 12 acupuncture sessions. An epidural injection in January 2015 had not been helpful. He was having mid back, low back, and shoulder pain. He was having radiating symptoms into both lower extremities. Physical examination findings included appearing uncomfortable. There was decreased lumbar spine range of motion with paraspinal muscle tenderness and positive facet loading. There was left lower lumbar facet tenderness. There was right upper extremity weakness. Authorization for six sessions of physical therapy was requested. The claimant is being treated for chronic pain. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is consistent with that recommended and what might be anticipated in terms of establishing or revising a home exercise program. The request was medically necessary.