

Case Number:	CM15-0142444		
Date Assigned:	08/03/2015	Date of Injury:	03/12/1999
Decision Date:	08/31/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/22/2015

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:

This 65 year old male sustained an industrial injury on 3-12-99. He subsequently reported back pain. Diagnoses include left shoulder impingement syndrome, lumbar discopathy and lumbar radiculopathy. Treatments to date include injections, physical therapy and prescription pain medications. The injured worker continues to experience low back pain that radiates to the bilateral legs with numbness and tingling. Upon examination, there was left shoulder acromioclavicular joint tenderness. Neer's, Hawkin's and O'Brien's tests are positive. Examination of the lumbar spine reveals positive tenderness in the lumbar paraspinal musculature. There is decreased range of motion secondary to pain and stiffness. Supine straight leg raise test is positive at 20 degrees bilaterally. A request for Physical therapy directed to the left shoulder for 12 sessions was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy directed to the left shoulder for 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Shoulder Procedure Summary Online Version last updated 05/04/2015.

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-related injury in March 2099 and is being treated for radiating low back pain and left shoulder pain. When seen, he was having bilateral radiating symptoms. There was left shoulder acromioclavicular joint tenderness with positive impingement testing. There was decreased lumbar range of motion with tenderness and positive straight leg raising. There was decreased lower extremity sensation. Authorization for 12 physical therapy sessions for the shoulder was requested. The claimant is being treated for chronic pain with no new injury. 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 in excess of that recommended or what might be needed to determine whether continuation of physical therapy was likely to be effective. The request is not medically necessary.