

Case Number:	CM15-0145091		
Date Assigned:	08/06/2015	Date of Injury:	09/22/2014
Decision Date:	09/02/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/27/2015

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 is a 45 year old female, who sustained an industrial injury on September 22, 2014. Treatment to date has included diagnostic imaging, home exercise program, acupuncture, medications, modified work duties, MRI of the bilateral shoulders. Currently, the injured worker complains of pain over the bilateral shoulders, low back, and right ankle. The injured worker was prescribed previous physical therapy; however she discontinued going to therapy because she reported that her pain got worse. On physical examination the injured worker has limited range of motion of the right shoulder and range of motion elicits pain. Neer's and Hawkins signs are mildly positive over the right shoulder and she has diffuse tenderness to palpation. Her bilateral muscle strength is 4+ - 5 and she has no obvious neurovascular deficit in the bilateral upper extremities. She has full range of motion of the lumbar spine and a straight leg raise test is negative. The diagnoses associated with the request include sprain-strain of the bilateral shoulders, cervicodorsal and lumbosacral muscle sprain. The treatment plan includes physical therapy for the right shoulder and low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 for right shoulder and lower back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 in September 2014 and continues to be treated for low back pain radiating to the upper back and right shoulder, and, hip, and foot pain. When seen in April 2015, treatments referenced included chiropractic care, acupuncture, and physical therapy, although only acupuncture treatment notes were provided. When seen, physical examination findings included multiple areas of tenderness. Shoulder impingement testing was positive. There was limited spinal and shoulder range of motion. Kemp and Yeoman testing was positive. Authorization for physical therapy was requested. The claimant is being treated for chronic pain with no new injury and it is unclear whether she has previously had physical therapy. Regardless, 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 was not medically necessary.