

Case Number:	CM15-0147601		
Date Assigned:	08/10/2015	Date of Injury:	10/07/2011
Decision Date:	09/04/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/29/2015

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 64-year-old male, who sustained an industrial injury on 10-7-11. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar spine protrusion L4-5, L5-S1; radiculopathy; cervical pain with upper extremity symptoms; right shoulder calcific tendinitis. Treatment to date has included status post right shoulder arthroscopic decompression; physical therapy; TENS unit; urine drug screening; medications. Diagnostics studies included MRI lumbar spine (6-20-13). Currently, the PR-2 notes dated 6-15-15 indicated the injured worker is a status post right shoulder surgery, remote. He reports initial improvement however, his condition is worsening. He expresses concern regarding his decline in range of motion and marked increase in pain with significant decline in activity and function. He is inquiring about options due to his failed treatment to date. His pain in the right shoulder is documented as 8 out of 10. He has cervical pain with upper extremity symptoms rated as 5 out of 10. He also reports low back pain with lower extremity symptoms rated at 5 out of 10. His current medication is noted facilitating his activities of daily living. He recalls times without medication and his activities were in jeopardy due to pain levels. He reports that Tramadol ER 150 mg two every day facilitate his improved range of motion Objective findings are documented by this provider noting tenderness at the right shoulder diffusely. His flexion is at 80 degrees, abduction 70 degrees, external 40 degrees, internal rotation 40 degrees. He has positive impingement signs, swelling of the right shoulder and atrophy of the right deltoid musculature. He has tenderness at the cervical spine with cervical range of motion as flexion 40, extension 35, left and right rotation 35 and left and right tilt at 35 degrees. He has diminished sensation right

greater than left C6 and C7 dermatomal distributions. He has tenderness at the lumbar spine with range of motion flexion 40, extension 35, left and right tilt 40, left and right rotation 40 degrees. He has positive straight leg raise bilaterally; minute sensation right greater than left L5 and S1 dermatomal distributions. The provider documents MRI findings of the right shoulder revealing possible tendinopathy-calcific tendinitis. He reports failed physical therapy, injections and activity modifications and NSAIDs. The provider is requesting authorization of 12 PT Visits 3x4 Right Shoulder, Cervical and Lumbar Spines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PT Visits 3x4 Right Shoulder, Cervical and Lumbar Spines: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine 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 October 2011 and continues to be treated for radiating neck and low back pain and right shoulder pain. When seen, failed treatments included NSAID medication, activity modification, injections, and physical therapy. There was decreased cervical and lumbar spine range of motion. There was decreased right shoulder range of motion with tenderness and swelling and positive impingement testing. There was decreased upper, lower extremity sensation, and decreased lower extremity strength. Straight leg raising was positive bilaterally. Recommendations include 12 sessions of physical therapy was requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy without benefit. 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 any more effective than previously. The request was not medically necessary.