

Case Number:	CM15-0188223		
Date Assigned:	09/30/2015	Date of Injury:	04/27/2015
Decision Date:	11/09/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/24/2015

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 injured worker is a 29 year old male who reported an industrial injury on 4-27-2015. The history noted left shoulder arthroscopy for rotator cuff tear on 2-2-2007, and repeat left shoulder arthroscopy repair on 4-14-2009. His diagnoses, and or impressions, were noted to include: cervical, thoracic and lumbar spine sprain-strain; left shoulder, hand and finger strain; left knee sprain; and post-traumatic stress disorder. X-rays of the lumbar and thoracic spine and left wrist were said to be done on 5-29-2015; x-rays of the left shoulder were said to be done on 5-15-2015, and x-rays of the left knee were said to be done on 6-12-2015, all negative for acute fractures; no imaging studies were noted. His treatments were noted to include: 6 chiropractic visits; medication management; and rest from work. The progress notes of 8-20-2015 reported a follow-up visit for complaints which included: multiple injuries - back, neck, knees, feet and left arm pain; that he felt a little bit better with respect to the left hand, improved range-of-motion, but no change in pain; that he had not had any physical therapy, and had only 1 chiropractic visit, since his last visit. The objective findings were noted to include: no apparent physical distress; moderate decreased range of motion in all planes of the cervical, thoracic and lumbar spine; moderate decrease range-of-motion in the left shoulder with positive left Hawkins and push-off tests; stiffness and moderate tenderness to the bilateral lumbar para-spinals, with spasms on the right; a stiff but non-antalgic gait; moderately limited range-of-motion in the back; crepitation with trapezius serratus and complex and infraspinatus tenderness; moderately limited left ulnar range-of-motion in all planes, severe with external rotation; positive provocative, impingement, cross body adduction, and adduction to "opp" shoulder tests; positive painful arc, Hawkins, Gerber lift off tests; and positive hand on back flat internal rotation, can't

lift away test; and positive tenderness to quadriceps tendon, joint line laterally and distal femur and lateral quadriceps muscles of the left knee, with limited flexion of 100-135 degrees; . The physician's requests for treatment were noted to include occupational evaluation and treat, 2 x a week for 3 weeks. The Request for Authorizations for 6 physical therapy session for the mid and low back, left shoulder, neck, and left knee was not noted in the medical records provided. The Utilization Review of 8-31-2015 non-certified the request for 6 physical therapy sessions for the mid and low back, left shoulder, neck, and left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy Sessions for Mid and Low Back, Left Shoulder, Neck and Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, 2015, Chapter: Neck and Upper Back, Shoulder, Low Back, Knee & Leg; Physical Therapy (PT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in April 2015 as the result of a motor vehicle accident. As of 08/15/15 he had completed six physical therapy treatments. He continues to be treated for back, neck, left shoulder, and left knee pain. His injury occurred when he was riding as a passenger in an armored truck and was wearing a seatbelt. When seen, he had improved range of motion. His pain was unchanged. He had attended one chiropractic treatment. Physical examination findings included moderately decreased spinal range of motion. There was decreased left shoulder range of motion with positive impingement testing. There was a stiff gait. He had paraspinal muscle tenderness with muscle spasms. There was decreased knee range of motion. Authorization was requested for additional physical therapy. In terms of physical therapy for myalgia and myositis, guidelines recommend up to 9-10 treatment sessions over 8 weeks. The claimant has already had physical therapy for this condition. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. The request is not considered medically necessary.