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| Case Number: | CM15-0188531 | | |
| Date Assigned: | 09/30/2015 | Date of Injury: | 09/10/2014 |
| Decision Date: | 11/13/2015 | UR Denial Date: | 08/24/2015 |
| 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old male, who sustained an industrial injury on 9-10-14. The injured worker was diagnosed as having sprain of unspecified site-right shoulder-upper arm pain; lumbar sprain; left shoulder strain; right shoulder strain. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI right shoulder (2-2-15). Currently, the PR-2 notes dated 8-4-15 are check boxes and the provider hand writes what appears to be "right and anterior thigh, right lateral calf and right lateral ankle are all intact". The provider has requested physical therapy 12 sessions for the lumbar spine, and right shoulder. There are PR-2 notes dated 5-14-15 that are of an "Initial Evaluation" that indicates the injured worker complains of right shoulder-arm pain as the chief orthopedic complains. He also notes neck pain, lower back pain and left shoulder-arm pain as other complaints. The provider document the neck pain is dull, non-radiating and occurs 40% of the time interfering with ability to bend at the neck and twist the neck. His lower back pain is described as dull, non-radiating, occurs 20% of the time and can interfere with his ability to bend, carry, lift, pull, push, sit, squat, stand and walk. His right shoulder pain occurs 75-80% of the time and interferes with his ability to reach overhead and use the right arm and shoulder. The left shoulder pain is dull, non-radiating and occurs 35-40% of the time and interferes with his ability to use this arm and shoulder. The provider notes a physical examination and course of treatment that includes physiotherapy and testing including MRI's and EMG-NCV studies. A MRI right shoulder done on 2-2-15 reveals impression: 1) full thickness tear of the supraspinatus, subscapularis, infraspinatus, with partial tear of the tere minor. Significant atrophy of all the rotator cuff muscles. 2) Moderate arthrosis of the acromioclavicular joint. 3) Dislocated biceps tendon. 4) Likely tear of the superior

labrum." A Request for Authorization is dated 9-24-15. A Utilization Review letter is dated 8-24-15 and non-certification was for Physical therapy 2xwk x 6wks Lumbar spine/Right shoulder. A request for authorization has been received for Physical therapy 2xwk x 6wks Lumbar spine/Right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xwk x 6wks Lumbar spine/Right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter - Physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with pain affecting the neck, low back, bilateral shoulders, and bilateral arms. The current request is for Physical therapy 2xwk x 6wks Lumbar spine/Right shoulder. The requesting treating physician report dated 8/4/15 (7B) provides no rationale for the current request. MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided do not show the patient has received prior physical therapy for the right shoulder or lumbar spine. The patient's status is not post-surgical. In this case, the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.