

Case Number:	CM15-0207496		
Date Assigned:	10/26/2015	Date of Injury:	07/11/2014
Decision Date:	12/10/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/21/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 is a 48-year-old male with a date of industrial injury 7-11-2014. The medical records indicated the injured worker (IW) was treated for status post hernia repair of the abdomen, rule out recurrent hernia; cervical spine radiculopathy; cervical spine sprain-strain, rule out discopathy; bilateral shoulder impingement-tendonitis; and chronic pain. In the 7-1-15 and 8-21-15 notes, the IW reported neck and right shoulder pain, rated 4 to 7 out of 10 and abdominal (post-operative hernia) pain, 7 out of 10. Activities of daily living affected by his pain included carrying groceries, pushing a grocery cart, defecating, bathing, brushing his teeth, cooking, dressing, reclining, standing, sitting, walking, climbing stairs, and doing housework. On examination (7-1-15 and 8-21-15 notes), there was tenderness and guarding in the cervical spine with limited range of motion. Impingement test and Speed's test were positive in both shoulders; motor testing was 4 out of 5 in flexion and abduction bilaterally and on the right in internal and external rotation, adduction and extension. Both shoulders were tender at the rotator cuff tendons. The ventral hernia scar was tender to touch. Treatments included chiropractic treatment (at least 3 sessions), acupuncture (at least 2 sessions) and anti-inflammatory medication (Motrin). MRI of the cervical spine on 9-24-15 generally showed disc protrusion at C4-5, C5-6 and C6-7 with canal stenosis and bilateral exiting nerve root compromise. Left shoulder MRI on 11-3-15 showed a possible tear at the insertion site of the infraspinatus tendon and acromioclavicular osteoarthritic change. An ultrasound of the abdomen on 3-4-15 showed no evidence of an abdominal wall hernia. The IW was temporarily totally disabled. The provider recommended physical therapy to decrease pain and improve function. Consultation with an internist was

recommended to evaluate for a recurrent hernia. A Request for Authorization was received for physiotherapy once a week for six weeks for the cervical spine and shoulder; consultation with internal medicine. The Utilization Review on 9-18-15 non-certified the request for physiotherapy once a week for six weeks for the cervical spine and shoulder; consultation with internal medicine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 1 time a week for 6 weeks, cervical spine and shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the guidelines 6-8 sessions of physical therapy is appropriate for most conditions. In this case, the claimant's injury is chronic and the claimant had undergone other interventions and therapy. There is no indication of the amount of therapy previously completed and no indication that therapy cannot be completed at home. The request is not medically necessary.

Consultation with internal medicine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, there is no indication or specified reason for a consultation with internal medicine or complex nature of disease or medication management that cannot be completed by the treating physician. Hernia is better managed by a surgeon if surgery were needed. The request is not medically necessary.