MAXIMUS Federal Services

Case Number:	CM15-0210633		
Date Assigned:	10/29/2015	Date of Injury:	12/12/2012
Decision Date:	12/10/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/26/2015

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
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:

The injured worker is a 53 year old male with a date of injury on 12-12-2012. The injured worker is undergoing treatment for central disc herniation with cervical myoligamentous injury, left shoulder internal derangement status post arthroscopic in February of 2013, lumbar disc protrusion with lumbar disc herniation, medication induced gastritis, and left shoulder derangement status post arthroscopic surgery in 2003-prior industrial injury with full recovery. A physician progress note dated 09-22-1015 documents the injured worker complains of ongoing pain in his left shoulder aggravated with any type of overhead activity. He rates his left shoulder pain as an 8 on a scale of 0 to 10. He has pain in his neck, which radiates down to his left upper extremity and rates his neck pain as 7 out of 10 and quantifies his discomfort in his neck about 80% in comparison to pain radiating down to his left upper extremity as 20%. His lumbar back pain radiates down both lower extremities left greater than right. His low back pain is 60% in comparison to his left leg pain, which is 40%. He sleeps poorly at night. He feels depressed. He has tenderness to palpation bilaterally with increased muscle rigidity in his cervical muscles. There are multiple trigger points present and decreased range of motion. Sensory exam revealed decreased sensation along the lateral arm and forearm in the approximate C5-6 distribution bilaterally. There is tenderness along the joint line in the left shoulder. The lumbar spine reveals tenderness to palpation bilaterally with increased muscle rigidity. There are numerous trigger points that are palpable and tender throughout the lumbar paraspinal muscles. Lumbar range of motion is restricted. Sensory exam reveals decreased along the posterolateral thigh and posterolateral calf in the L5-S1 distribution bilaterally. There is positive straight leg raise

bilaterally with radicular symptoms to both lower extremities. A corticosteroid injection to his left shoulder was recommended but he declined. He did receive trigger point injections. There are 8 acupuncture-therapy notes dated 03-18-2015 to 04-13-2015. The last note date 04-13-2015 documents he rates his pain as 6 out of 10 and it is the same. He has consent moderate pain and stiffness the left shoulder and upper arm with migrating pain to the left aspect of the cervical spine. He is having functional positional numbness and a tingling sensation in the left upper extremity to the left hand and all fingers, sleep disturbance and nocturnal paresthesia. There is no improvement. Treatment to date has included diagnostic studies, medications, status post arthroscopic surgery to his left shoulder in 2013, physical therapy and acupuncture. Current medications include Norco, Anaprox, and Prilosec. The Request for Authorization dated 09-22-2015 includes Magnetic Resonance Imaging of the cervical and lumbar spine, outpatient physical therapy 2 x week x 6 weeks, medications were reordered, and a referral to an orthopedic surgeon was made. On 10-15-2015 Utilization Review non-certified the request for 12 physical therapy sessions 2 times a week for 6 weeks for cervical and lumbar spine, left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions 2 times a week for 6 weeks for cervical and lumbar spine, left shoulder: Upheld

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

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of physical therapy as a treatment modality. These guidelines generally recommend physical therapy with the expectation that these treatment sessions will lead to a self-directed home exercise program. These guidelines provide the following recommendations for number of sessions: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. In this case, the patient has already received approximately 8 sessions of physical therapy. It would be expected that the patient is now engaged in a home exercise program. There is no evidence to indicate that the patient is unable to engage in a home exercise program. Further, the number of sessions exceeds the MTUS requirements. For these reasons, the request for 12 additional sessions of physical therapy to the cervical and lumbar spine and left shoulder is not medically necessary.