

Case Number:	CM15-0032821		
Date Assigned:	02/26/2015	Date of Injury:	07/08/2010
Decision Date:	05/01/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/23/2015

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, Washington

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 patient is a 54-year-old male who reported an injury on 07/08/2010. The mechanism of injury was not provided. The diagnoses include cervical discopathy with chronic cervicalgia, lumbar discopathy, bilateral carpal tunnel, cubital tunnel syndrome, double crush syndrome, and bilateral shoulder impingement. Previous treatments include chiropractic modalities for the cervical and lumbar spine and bilateral upper extremities. Diagnostic studies include nerve conduction studies and an electromyography dating 01/09/2015 and an MRI of the spine (not dated) revealing evidence of two anterior disc protrusions at C4-5 and C5-6, as well as two protrusions at L4-5 and L5-S1. The MRI of the shoulder revealed a partial tear of the supraspinatus tendon of the left shoulder, and a likely full thickness tear in the critical insertion zone of supraspinatus tendon with superior labral tear on the right shoulder. Subjective complaints from the clinical note dating 01/08/2015 include pain in the cervical spine with radiation into the upper extremities, as well as constant pain in the lower back with radiation into the lower extremities. There are also complaints of pain in the bilateral shoulders. Objective findings include positive Spurling's maneuver, with "limited range of motion" of the cervical spine. Exam of the lumbar spine reveals "standing flexion and extension are guarded and restricted." The shoulder exam revealed positive Hawkins and impingement signs. A list of medication was not submitted. Treatment plan included physical therapy 2x per week for 4 weeks for bilateral shoulder, cervical spine, and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x per week for 4 weeks for bilateral shoulder, cervical spine and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Based on the clinical notes submitted for review, there is a lack of documentation provided for the years following the initial injury. There is no documentation on any other care that was provided to the injured worker before the year 2014, as well as a lack of documentation on any other sessions of physical therapy the worker may have attended. In addition, the records indicate that the injured worker underwent chiropractic care; however there is no documentation as to any improvement to functional ability after the care was completed. Furthermore, the physical exam findings submitted are vague and do not have enough documentation of functional deficits that would validate the need for physical therapy at this time. Given all of the above, the request is not medically necessary at this time.