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| Case Number: | CM15-0057051 | | |
| Date Assigned: | 04/20/2015 | Date of Injury: | 05/26/2009 |
| Decision Date: | 09/14/2015 | UR Denial Date: | 03/11/2015 |
| Priority: | Standard | Application Received: | 03/25/2015 |

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, Arizona

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 51 year old male, who sustained an industrial injury on 5/26/09. He reported initial pain complaints of neck, left chest wall; low back, bilateral lower extremities and bilateral shoulders. The injured worker was diagnosed as having cervical radiculopathy; shoulder impingement left; herpes zoster nervous system complications NEC; recurrent dislocations shoulder; anxiety; lumbosacral radiculopathy; neuralgia, neuritis and radiculitis NOS. Treatment to date has included a MRI right and left shoulder (6/17/12); MRI thoracic spine (6/17/12); multiposition MRI cervical spine and thoracic spine (6/17/12); MRI cervical spine (1/19/14); MRI thoracic spine and right and left shoulder (3/17/14); physical therapy; occupational therapy. Currently, the PRP-2 notes dated 2/5/15 indicate the injured worker complains of continued bilateral lower extremity numbness and tingling as well as weakness. He continues to have neck and back pain. Previously, he was undergoing physical therapy which was helping his symptoms. The provider notes he is seeing improvement in his pain as well as range of motion. He is requesting this therapy again to continue to improve function and allow his to continue to work. He takes pain medications which allow him to function. The provider's treatment plan includes: Physical therapy 3 x 4 for the cervical spine in conjunction with manual therapy; Physical therapy 3 x 4 for the lumbar spine in conjunction with manual therapy; Physical therapy 3 x 4 for the bilateral lower extremities in conjunction with manual therapy; Physical therapy 3 x 4 for the bilateral shoulders in conjunction with manual therapy; orthopedic consult and sports brace for bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 for the cervical spine in conjunction with manual therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter.

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

Decision rationale: According to the MTUS, physical therapy is indicated for neck disorders. However, there is no objective functional improvements noted with past therapy to include specific numerical improvements in range of motion, nor pain scales noted before therapy and after therapy to gauge response. Also, there is no mention as to the total number of past sessions completed by the injured worker. The request is not medically necessary.

Physical therapy 3 x 4 for lumbar spine in conjunction with manual therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

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

Decision rationale: According to the MTUS, physical therapy is indicated for low back disorders. However, there is no objective functional improvements noted with past therapy to include specific numerical improvements in range of motion, nor pain scales noted before therapy and after therapy to gauge response. Also, there is no mention as to the total number of past sessions completed by the injured worker. The request is not medically necessary.

Physical therapy 3 x 4 for bilateral lower extremities in conjunction with manual therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter.

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

Decision rationale: According to the MTUS, physical therapy is indicated for extremity disorders, with 8-10 sessions recommended for myalgias and neuralgias. However, there is no objective functional improvements noted with past therapy to include numerical improvements

in range of motion, nor pain scales noted before therapy and after therapy to gauge response. Also, there is no mention as to the total number of past sessions completed by the injured worker. The request is not medically necessary.

Physical therapy 3 x 4 for bilateral shoulders in conjunction with manual therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Physical Therapy Guidelines, Shoulder Chapter.

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

Decision rationale: According to the MTUS, physical therapy is indicated for neck-shoulder disorders. However, there is no objective functional improvements noted with past therapy to include numerical improvements in range of motion, nor pain scales noted before therapy and after therapy to gauge response. Also, there is no mention as to the total number of past sessions completed by the injured worker. The request is not medically necessary.

Orthopedic consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Office Visits, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 87-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Management.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patients can be referred to consultation with a specialist when the diagnosis is complex or when additional expertise will be beneficial to the medical management. The injured worker continues to have musculoskeletal pains, but there is no clear mention of possible surgery or joint injection. Without this information, necessity can not be established and thus, the request is not medically necessary.

Sports brace for the bilateral shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Durable Medical Equipment (DME).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: Per California MTUS, and ODG shoulder sling may be recommended following large, massive rotator cuff tears, AC joint separation, brief use of immobilization for severe shoulder pain for 1-2 days, and for use less than a few weeks after initial shoulder dislocation with reduction. There is no mention of any of the above diagnoses. The injured worker is beyond the acute phase of pain; his pain is chronic. The request is not medically necessary.