

Case Number:	CM15-0082866		
Date Assigned:	05/05/2015	Date of Injury:	02/28/2002
Decision Date:	06/23/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/30/2015

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: Massachusetts

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:

This 52 year old male sustained an industrial injury on 2/28/02. He subsequently reported left shoulder, neck and low back pain. Diagnoses include myofascial pain syndrome, lumbago and lumbar sprain. Treatments to date include MRI and x-ray testing, acupuncture, injections, left shoulder surgery, chiropractic care, physical therapy and prescription pain medications. The injured worker continues to experience low back and left shoulder pain. Upon examination, abduction and adduction of the left shoulder are each 170 degrees, negative Crank's sign, negative empty can, Neer's and Speeds signs are noted. There is dermatographia of the left paraspinal region with moderate pain over the left more than the right L4-L5 and L5-S1 levels with left more than right paraspinal spasms. Seated straight leg raise is 90 degrees, straight leg raise supine is 90 degrees with pain on the right referring to the right hamstring region. Fabere's, Patrick's, Gillet's and Yeoman's signs are all positive bilaterally. A request for Physical therapy, 6 visits, 1-2 times a week, left shoulder was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 6 visits, 1-2 times a week, left shoulder: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in February 2002. EKG to be treated for chronic left shoulder and low back pain. When seen, pain was rated at 6-7/10. There was an antalgic gait. He is working without restrictions. Under the chronic pain treatment guidelines, a six visit clinical trial with a formal reassessment prior to continuing therapy is recommended. In this case, the claimant has ongoing pain and had not had recent physical therapy. There is no evidence of a home exercise program, which would be a reasonable goal of treatment. The requested therapy sessions are within the guideline recommendation and were medically necessary.