MAXIMUS Federal Services

Case Number:	CM15-0086583		
Date Assigned:	05/08/2015	Date of Injury:	05/29/2009
Decision Date:	06/30/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/05/2015

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: 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 53 year old male, who sustained an industrial injury on May 29, 2009. The injury occurred while the injured worker was working unpacking large boxes and developed low back pain. The diagnoses have included lumbar disc herniation, right leg radiculopathy, lumbar spondylosis, lumbar stenosis, left shoulder impingement syndrome, bilateral hip degenerative joint disease, acromioclavicular joint arthritis of the left shoulder and depression. Treatment to date has included medications, radiological studies, facet blocks, MRI, psychiatric evaluation, electrodiagnostic studies, heat treatments, lumbar surgery time two and left shoulder surgery. Current documentation dated February 23, 2015 notes that the injured worker reported continued pain and numbness in the bilateral, upper extremities. The pain was rated a two out of ten on the visual analogue scale with medications. The injured worker also noted low back pain with continued pain and numbness down the bilateral lower extremities. Most current documentation dated April 7, 2015 notes that the injured worker reported worsening pain in both upper extremities, upper back, mid back, lower back and bilateral lower extremities. The pain was rated a five out of ten on the visual analogue scale with medications. The injured worker was noted to move with much more antalgic movements and was very stiff and sore. The injured worker was not able to stand fully upright and required assistance when rising from a seated position. He also required assistance to ambulate. Range of motion was not performed to the injured workers significant amount of distress. Physical examination of the left shoulder was not provided. The treating physician's plan of care included a request for physical therapy treatments to the left shoulder # 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 6 treatments for left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: There is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The physical therapy 6 treatments for left shoulder is not medically necessary and appropriate.