

Case Number:	CM14-0136213		
Date Assigned:	09/10/2014	Date of Injury:	10/01/2013
Decision Date:	11/24/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/25/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the provided documents, this is a 22-year-old man who was injured on 10/1/13. The mechanism of injury was that the patient slipped and fell into a ditch. The injury was to the neck, the back and the shoulder. The disputed treatment is physical therapy 12 sessions for the lumbar spine and right shoulder 2 x 6 weeks. This is addressed in a utilization review determination from 8/20/14. A 5/14/14 initial occupational visit indicates that the patient had been treating previously with a chiropractor and his primary medical doctor. When he was initially injured he reportedly was seen in the local emergency room where radiographs were taken of his neck and back. At that time the patient was working at his regular job without restrictions and taking Norco and Soma provided by his primary care provider. The Soma was not helping. There is pain in the left shoulder and limited range of motion. There is pain in the lower back that gave him problems sleeping at night. He was still having neck pain. He reportedly delayed reporting injury for fear of termination. Objectively there was reduced range of motion in the neck and lower back, and tenderness to palpation in the back. There was reduced range of motion in the left shoulder compared to the right and reported positive supraspinatus, infraspinatus and Hawkins test on the right. The diagnoses were cervical spine, possible cervical injury, thoracic muscle strain, lumbar back muscle strain, probable lumbar injury, right shoulder impingement and possible internal derangement of the left shoulder. Physical therapy 2 x 6 for the neck, thorax and back was requested as well as PT 2 x 6 for left shoulder. The patient was to wean off of his Norco, the Soma was discontinued, and he is given ibuprofen. Since his urine tox screen was not as expected the treatment plan stated that he had to have clear screens before they would give him any other medications. On 6/24/14 he was placed on modified duty, PT 2 x 6 for shoulder and neck was ordered and tramadol was given. A 7/25/14 report noted that the patient had a PT evaluation on 6/19/14 apparently for his back.

Examination showed normal range of motion of the neck without spasm; thoracic exam did not mention abnormalities. The lower back exam was difficult. The report indicated that he had nonphysiologic movements. Straight leg raise was resisted but he cannot fully extend his leg, and that was felt to be unusual as there was nothing wrong with his knee. Maneuvers were described as nonphysiologic. There was noted to be normal lumbar flexion and extension. There is no mention of any examination of the shoulders. Diagnosis was he contused his back, he may have a lumbar strain; probable left shoulder discomfort without any signs of internal derangement; and no evidence of cervical injury. The treatment plan stated that the cervical spine was normal and required no treatment. A LEFT shoulder x-ray was to be taken. There is no mention of any need for treatment for the right shoulder. Addressing the lumbar spine injury, the report stated that it is nothing more than a lumbar sprain. PT had not proceeded well and the provider was going to have them continue work on him for a while to see if he makes progress. Some of the exam findings were felt to have possibly been fear-based but note was made that the symptoms were not physiological. Tramadol and a limited amount of tizanidine ibuprofen were the medications. There is a PT daily note from 7/22/14 reporting a decrease in pain but continued severe pain in the lumbar back with difficulty ambulating. There have been 10 sessions of PT. A PT note from 6/19/14, visit number 1 that said that there are complaints of severe low back pain, leg pain, and neck pain. The patient had been working since the accident with manageable pain but in the last month the work intensity had increased and pain had become severe.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Physical Therapy to the lumbar spine and right shoulder 2x6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Shoulder, Physical Therapy

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

Decision rationale: At the time of this request, this injury was chronic; although patient had reported this injury late he did have treatment after the injury occurred acutely with chiropractic treatment and medication. He had not had physical therapy until he saw occupational medicine but he did not respond to the chiropractic treatment. At the time of the request the patient had had 10 sessions of physical therapy for the low back without documentation of any objective physical functional improvement. Patient was still complaining of significant pain, functional limitations and was still relying on medication. MTUS chronic pain guidelines support up to 9-10 sessions over 8 weeks with fading of treatment frequency from 3 visits a week to 1 or less. MTUS guidelines also do not support continued treatment unless there is documented functional benefit. Therefore, based upon the evidence and the guidelines, continued physical therapy for the low back was not necessary. With regard to the requested PT for the right shoulder, the reports are contradictory in that the initial occupational medicine evaluation addresses the left shoulder but not the right. The 7/25/14 report did not address any subjective complaints or objective findings in either shoulder. Treatment plan did not indicate any treatment was needed

for either shoulder. Therefore, based upon the evidence and the guidelines, PT for the right shoulder is not medically necessary.