

Case Number:	CM14-0085605		
Date Assigned:	07/25/2014	Date of Injury:	07/02/2012
Decision Date:	09/25/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/09/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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:

The records presented for review indicate that this 45-year-old gentleman was reportedly injured on July 2, 2012. The mechanism of injury is stated to be cumulative trauma. The most recent progress note, dated April 28, 2014 indicates that there are ongoing complaints of low back pain and right shoulder pain as well as hearing loss in the left here. The physical examination demonstrated tenderness of the right sided trapezius and levator scapulae muscles. There was a positive impingement test and decreased range of motion. Examination of the lumbar spine noted spasms from L3 through S1 and a normal lower extremity neurological examination. Diagnostic imaging studies of the right shoulder show evidence of a prior subacromial decompression and Mumford procedure. An x-ray of the lumbar spine shows evidence of a decompression. No hardware was noted to be in place. Previous treatment includes lumbar spine surgery x 2, right shoulder surgery, and physical therapy. A request had been made for a hearing aid for the left ear and physical therapy twice week for six weeks for the right shoulder and lumbar spine and was not certified in the pre-authorization process on June 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hearing aid for the left ear: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Hearing Aids, Updated August 11, 2014.

Decision rationale: According to the Official Disability Guidelines a hearing aid is recommended for conductive hearing loss unresponsive to medical or surgical interventions, sensorineural hearing loss, or mixed hearing loss. A review of the attached medical record does not contain any objective information or studies regarding the injured employees degree and type of hearing loss. Considering this, this request for a hearing eight for the left ear is not medically necessary.

Physical therapy 2x6 right shoulder and lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 114, Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201.

Decision rationale: According to the attached medical record the injured employee has previously participated in at least 12 sessions of physical therapy and has been authorized for a total of 24. Considering that the injured employees currently participating in physical therapy and has not completed the current approved sessions it is unclear why an additional request is made at this time. The injured employee should finish his existing physical therapy and then be reevaluated at that time. As such this request for physical therapy two times a week for six weeks for the right shoulder and lumbar spine is not medically necessary.