

Case Number:	CM15-0000406		
Date Assigned:	01/12/2015	Date of Injury:	09/08/2011
Decision Date:	07/27/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/02/2015

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: Orthopedic Surgery

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 64 year old male, who sustained an industrial injury on 9/08/2011. Diagnoses include cerebral concussion with cephalgia, cervical spine sprain/strain, herniated cervical disc, left shoulder sprain/strain status post subacromial decompression (2008), right shoulder sprain/strain with glenoid labral and rotator cuff tears status post arthroscopy and subacromial decompression (2014), right and left rib cage contusion, lumbar sprain/strain, herniated lumbar disc, status post right knee arthroscopic surgery (2012) with degenerative joint disease, right ankle sprain/strain rule out internal derangement and rule out anemia. Treatment to date has included multiple surgical interventions, injections, physical therapy and medications including Ultram, Norco and Zanaflex. Per the Primary Treating Physician's Progress Report dated 9/04/2014, the injured worker reported pain in the neck, bilateral shoulders, bilateral arms, upper back, lower ribcage, low back and bilateral legs. He has completed about 6-7 sessions of physical therapy. Physical examination of the cervical spine revealed restricted mobility with tightness and spasm in the paraspinal musculature, trapezius, sternocleidomastoid and strap muscle. There was a positive foramina compression test. Lumbar spine and right shoulder ranges of motion were decreased. He received a Toradol injection at this visit. The plan of care included medications, continuation of physical therapy. He was to remain off of work. Authorization was requested for physical therapy (2x6) and purchase of an LSO brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 98-99 recommend the following for non-surgical musculoskeletal conditions, Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. As the requested physical therapy exceeds the recommendation, the request is not medically necessary.

Purchase of LSO brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: CA MTUS/ACOEM guidelines, Chapter 12, page 301 states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." In this case the exam 9/4/14 demonstrates no evidence of acute low back pain. Therefore the request does not meet recommended guidelines and it is not medically necessary.