

Case Number:	CM15-0110212		
Date Assigned:	06/16/2015	Date of Injury:	11/10/1995
Decision Date:	07/16/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/08/2015

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:

The injured worker is a 60 year old male, who sustained an industrial injury on November 10, 1995. He reported bilateral knee pain, left hip, tailbone and low back pain, upper neck pain and headache, bilateral shoulder pain and left foot pain. The injured worker was diagnosed as having brachial neuritis, lumbosacral neuritis and ankle joint derangement. Treatment to date has included radiographic imaging, diagnostic studies, medications conservative therapies and work restrictions. Currently, the injured worker complains of bilateral knee pain, left hip, tailbone and low back pain, upper neck pain and headache, bilateral shoulder pain and left foot pain. The injured worker reported an industrial injury in 1995, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. He noted having to cut down on regular pain medications secondary to insurance coverage. He reported having surgeries previously on different parts of the body and being worn out and in pain. Evaluation on May 20, 2015, revealed continued pain as noted. He reported pain exacerbations since cutting down on pain medications that had previously been under control. Acupuncture and medications were recommended. The shoulder pain continued. He reported having to push himself up from a seated position and using a single point cane for ambulation both of which caused shoulder pain. Surgical intervention of the right shoulder was discussed. Pre-operative clearance, shoulder surgery and post-operative physical therapy were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 post-op physical therapy sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The claimant has a remote history of a work injury occurring in November 1995 and continues to be treated for chronic pain. He has ongoing right shoulder pain and an arthroscopic rotator cuff decompression is being planned. Post surgical treatment after the planned shoulder arthroscopy includes up to 24 physical therapy visits over 14 weeks with a postsurgical physical medicine treatment period of 6 months. In this case, the number of treatments requested is within the guideline recommendation and is medically necessary.