

Case Number:	CM15-0115720		
Date Assigned:	06/24/2015	Date of Injury:	11/04/2014
Decision Date:	07/23/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/16/2015

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 29 year old male who sustained an industrial injury on 11/4/14. Diagnoses are bilateral shoulder impingement syndrome, Type I acromioclavicular separation versus degenerative joint disease -bilateral shoulders, cervical strain, thoracic strain, lumbar strain, left wrist flexor carpi radialis tendonitis, left knee internal derangement and facet arthropathy at L4-S1. In a progress report dated 2/3/15, the treating physician notes complaints of neck pain with numbness, radiating into the mid scapular region, bilateral shoulder pain, right wrist pain, low back pain and left knee pain. Medications are Meloxicam and Prednisone. The Chiropractic and interferential unit was helpful but did not solve the problem. There is mild tenderness to palpation over the cervical paraspinal musculature. There is palpable tenderness over the bilateral trapezius, bilateral supraspinatus musculature, and bilateral acromioclavicular joint. There is acromioclavicular joint crepitus, right greater than the left and positive impingement sign bilaterally. Wrist exam notes there is palpable tenderness over the 1st dorsal interosseous bilaterally and tenderness over the right flexor carpi radialis tendon. Finkelstein sign is positive bilaterally. He walks with a normal gait. There is palpable tenderness over the midline lower lumbar spine and over the mid scapular region, thoracic and lumbar paravertebral musculature, and the sacroiliac joints bilaterally. There is tenderness over the sciatic notches and mild spasm around the T8-T10 level. Straight leg raise is negative bilaterally. The left knee is noted to have palpable tenderness over the posterior medial joint line and McMurray's test is positive on the left. An MRI of the lumbar spine showed mild to moderate facet arthropathy L5-S1 and mild at L4-L5. An MRI of the left knee showed mild effusion, and lateral meniscus with

a possible prior partial meniscectomy, possible posterior horn lateral meniscal tear. The plan is for physical therapy three times a week for four weeks for the shoulders, cervical spine, and lumbar spine. In a progress note dated 3/17/15, a treating physician notes the injured worker is currently participating in physical therapy sessions. He continues to have neck, bilateral shoulder, lower back and left knee pain all rated as 8/10 without medications. Previous treatment includes 6 weeks of chiropractic therapy, interferential unit, physical therapy, Meloxicam, Prednisone, Acetaminophen, Orphenedrine, and injections of Celestone and Marcaine to shoulders bilaterally-2/3/15. Work status is temporary total disability until 4/28/15. The requested treatment is physical therapy for bilateral shoulders, cervical spine and left knee, 6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT for Bilateral Shoulders, Cervical Spine and Left Knee 6 Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in November 2014 and continues to be treated for widespread pain. Treatments have included 12 physical therapy sessions and 12 chiropractic treatments. When seen, pain was rated at 8-9/10. There was decreased spinal range of motion. There was positive shoulder impingement testing. There was paraspinal muscle tenderness with spasms. There was left knee joint line tenderness with positive McMurray testing. There was wrist tenderness bilaterally with positive Finkelstein testing. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies. Compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise a home exercise program. The request is not medically necessary.