

Case Number:	CM15-0116427		
Date Assigned:	06/24/2015	Date of Injury:	12/17/2013
Decision Date:	07/23/2015	UR Denial Date:	05/21/2015
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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 59 year old male, who sustained an industrial injury on 12/17/13. The injured worker was diagnosed as having back pain, lumbosacral strain, and rotator cuff strain. Treatment to date has included left shoulder reconstruction, physical therapy, a home exercise program, and medication. Physical examination findings on 5/12/15 included left shoulder forward flexion was 150 degrees and abduction was 120 degrees. Strength was 4/5 in the left shoulder and tenderness to palpation along the lumbosacral spine with 70% normal motion was noted. Currently, the injured worker complains of pain in the neck, shoulder, and back. The treating physician requested authorization for 8 sessions of physical therapy to the left shoulder and lumbar spine. Physical Therapy notes document a completion of 36 sessions of therapy for the shoulder and low back. A home exercise program was established.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of physical therapy, left shoulder & lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99, Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: MTUS Guidelines consider up to 24 sessions of hands on physical therapy as generally adequate for the reported shoulder condition. Guidelines consider up to 10 sessions of physical therapy as adequate for persistent low back pain. There are no unusual circumstances to justify an exception to Guidelines. A total of 36 sessions of physical therapy have been completed with an active strengthening and home program established. The request for an additional 8 sessions of therapy is not consistent with the guidelines and is not medically necessary.