

Case Number:	CM15-0117848		
Date Assigned:	07/01/2015	Date of Injury:	01/29/2015
Decision Date:	07/30/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/18/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 62 year old male who sustained a work related injury January 29, 2015. A pallet slipped from a forklift, causing pain in the neck, upper and lower back, and right shoulder. The pallet never left the forklift and the injured worker was not knocked down. He had been under treatment for a previous cervical and lumbosacral spine injury since July 9, 2014. He was diagnosed with a cervical/thoracic/lumbosacral spine sprain and thoracic/right shoulder contusion, provided Relafen and Flexeril, and placed on modified work duty with restrictions. According to a primary treating physician's report, dated May 29, 2015, the injured worker presented for follow-up of the right shoulder and thoracic spine strain. He persists with pain in his right shoulder and upper back, which occasionally radiates to his right upper extremity. He was diagnosed with impingement/calcific tendonitis with recommendation for physical therapy. He received an injection to the right shoulder 5/28/2015, not specified. Objective findings , right shoulder; range of motion is 50% of normal in abduction and 60% forward flexion, crossover impingement and drop arm tests are negative. Thoracic spine; mild tenderness over the paraspinal muscles, mild stiffness, range of motion is 60% of normal on forward flexion and extension. At issue, if the request for authorization for additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional PT to Right Shoulder and Thoracic Spine 3x4: Upheld

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

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

Decision rationale: Additional PT to Right Shoulder and Thoracic Spine 3x4 is not medically necessary per the MTUS Guidelines. The documentation indicates that the patient has 12 PT visits from 2/20/15 to 3/23/15. The documentation does not indicate extenuating factors, which would necessitate 12 more supervised PT visits. The patient should be versed in a home exercise program. The MTUS recommends up to 10 visits for this condition. The request for 12 more supervised therapy sessions is not medically necessary.