

Case Number:	CM15-0118363		
Date Assigned:	06/26/2015	Date of Injury:	05/27/2009
Decision Date:	07/28/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/19/2015

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:

This 52 year old man sustained an industrial injury on 5/27/2009. The mechanism of injury is not detailed. Evaluations include left shoulder MRI dated 1/22/2014; lumbar spine MRIs dated 6/29/2009, 3/11/2010, 1/18/2011, 4/11/2011, 12/12/2012 and 1/22/2014; electromyogram/nerve conduction studies of the bilateral upper extremities dated 3/5/2012, 8/10/2013 and 9/10/2013; lumbar spine CT scan dated 1/18/2011; chest x-rays dated 11/7/2009 and 6/22/2010; and electromyogram/nerve conduction studies of the bilateral lower extremities dated 3/17/2010. Diagnoses include lumbar radiculopathy. Treatment has included oral medications, acupuncture, lumbar epidural steroid injection, surgical intervention, use of a walker, and physical therapy. Physician notes dated 6/17/2015 show complaints of low back pain with radiation to the right leg as well as right shoulder and right knee pain. The worker rates his pain with medications 5/10 and without medications 8/10. Recommendations include left knee MRI, spinal cord stimulator evaluation, physical therapy, acupuncture, Norco, Neurontin, Tizanidine, Colace, Ambien, Ibuprofen, stop Celebrex, stop Lyrica, stop Naproxen, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 6 sessions for the left shoulder: Overturned

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 May 2009 and continues to be treated for chronic back, knee, and shoulder pain. When seen, pain was rated at 5/10. There was a slow gait with use of a cane. There was positive lumbar facet loading. There were left sided lumbar paraspinal muscle trigger points. Fabere testing was positive. There was left shoulder tenderness with positive impingement testing. There was bilateral knee joint line tenderness with positive McMurray testing and crepitus. Prior treatments had included 22 sessions of acupuncture and the assessment references the claimant as continuing to receive acupuncture treatments, paying out of pocket. Being requested is six sessions of physical therapy for the left shoulder and six acupuncture treatments. The claimant is being treated for chronic pain. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is consistent with that recommended. The claimant has not had physical therapy for the left shoulder per the requesting provider which also consistent with the documentation submitted for this review. The request is therefore medically necessary.

Acupuncture 6 sessions for the low back: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant sustained a work injury in May 2009 and continues to be treated for chronic back, knee, and shoulder pain. When seen, pain was rated at 5/10. There was a slow gait with use of a cane. There was positive lumbar facet loading. There were left sided lumbar paraspinal muscle trigger points. Fabere testing was positive. There was left shoulder tenderness with positive impingement testing. There was bilateral knee joint line tenderness with positive McMurray testing and crepitus. Prior treatments had included 22 sessions of acupuncture and the assessment references the claimant as continuing to receive acupuncture treatments, paying out of pocket. Being requested is six sessions of physical therapy for the left shoulder and six acupuncture treatments. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the number of treatments is consistent with that recommendation treatments would be provided in conjunction with physical therapy. The request can be considered medically necessary.