

Case Number:	CM15-0123416		
Date Assigned:	07/07/2015	Date of Injury:	11/03/2013
Decision Date:	08/04/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/26/2015

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 54 year old man sustained an industrial injury on 11/3/2013. The mechanism of injury is not detailed. Diagnoses include chronic lumbar strain with lumbar disc herniation, left shoulder rotator cuff syndrome rule out tear, right shoulder strain, bilateral knee strain, and exacerbation of the lumbar and left shoulder pain without re-injury. Treatment has included oral medications. Physician notes on a PR-2 dated 5/22/2015 show complaints of lumbar spine rated 3/10, bilateral shoulder pain rated 3/10 with radiation up to the cervical spine, and bilateral knee pain rated 3/10. Recommendations include obtain the AME report, continue chiropractic care, physical therapy, and Kera-Tek gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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 2013 and is being treated for persistent low back and bilateral shoulder and knee pain. When seen, pain was rated at 3/10. He was working without restrictions. He had completed six chiropractic and two acupuncture treatments. Physical examination findings included lumbar spine tenderness with decreased, painful, and asymmetric range of motion. There was decreased left shoulder range of motion with acromioclavicular joint tenderness and positive impingement testing with decreased strength. Authorization for physical therapy for the shoulders and knees was requested. The claimant is more than six months status post injury and is being treated under the chronic pain treatment guidelines. There is no new injury. 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 in excess of that recommended. The request was not medically necessary.