

Case Number:	CM15-0123837		
Date Assigned:	07/08/2015	Date of Injury:	01/24/2012
Decision Date:	08/04/2015	UR Denial Date:	05/28/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 36 year old male, who sustained an industrial injury on 1/24/12. Initial complaints were a fall injury from 9 feet. The injured worker was diagnosed as having cervical spine strain/sprain with bilateral upper extremity radiculitis; lumbar spine strain/sprain with bilateral lower extremity radiculitis; upper/lower radiculitis; thoracic spine strain; right shoulder impingement syndrome. Treatment to date has included acupuncture; physical therapy; cervical epidural steroid injection; medications. Diagnostics studies included MRI right shoulder (2/27/14); MRI lumbar spine (2/27/14); MRI cervical spine (2/27/14). Currently, the PR-2 notes dated 5/14/15 indicated the injured worker complains of neck stiffness and pain with motion. He complains of bilateral arm pain with shooting type pain. With regard to his low back pain, he still complains of bilateral leg pain down to the knees. Examination of the right shoulder documents tenderness to palpation over the periscapular musculature, supraspinatus tendon and acromioclavicular joint. Impingement test is positive and the cross arm test is positive. His range of motion of the right shoulder is measured as flexion 145 degrees, extension 30 degrees, abduction 145 degrees, adduction 30 degrees, internal and external rotation is 60 degrees for both. The cervical spine reveals tenderness to palpation over the bilateral posterior paravertebral musculature with range of motion reduced. The MRI of the cervical spine dated 2/27/14 impression notes C3-4 and C5-6 mild disc desiccation with a 1-2mm broad-based posterior disc bulge with mild neural foraminal narrowing at both levels. The MRI of the lumbar spine dated 2/27/14 impression notes L4-5 there is a mild bilateral facet degenerative changes with mild disc desiccation. A MRI of the right shoulder dated 2/27/14 impression notes supraspinatus tendinosis with no rotator cuff tear and minimal degenerative changes of the greater tuberosity. The provider's treatment plan included physical therapy 2 times a week for 4 weeks for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy 2 times a week for 4 weeks for the right shoulder is not medically necessary and appropriate.