

Case Number:	CM15-0126092		
Date Assigned:	07/10/2015	Date of Injury:	12/09/2013
Decision Date:	08/06/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/30/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 68-year-old male who sustained an industrial injury on 12/09/2013. There was no mechanism of injury documented. The injured worker was diagnosed with right shoulder partial rotator cuff tear, bilateral carpal tunnel syndrome, lumbar disc herniation and depression. The injured worker is status posterior bilateral carpal tunnel release (no date documented). Treatment to date has included diagnostic testing with recent right shoulder magnetic resonance imaging (MRI) on March 11, 2015, psychiatric consultation, physical therapy (12 sessions completed for the lumbar spine) and medications. Cortisone injections were previously declined by the injured worker. According to the primary treating physician's progress report on May 6, 2015, the injured worker continues to experience intermittent low back pain and right shoulder pain. The injured worker rates his back pain level at 1/10 and the right shoulder pain at 4-5/10 with a decrease to 1/10 with medications. Examination of the lumbar spine demonstrated tenderness in the midline and paraspinal muscles. There was hypertonicity in the paraspinal muscles noted and asymmetric loss of range of motion. Neurologically the bilateral lower extremities were within normal limits. Examination of the right shoulder revealed tenderness over the subacromial space with forward flexion and abduction at 120 degrees and internal and external rotation at 60 degrees. Positive Hawkins and Neer's test were documented. Motor strength was 4/5. Current medications are listed as Celebrex and Prilosec. Treatment plan consists of urine drug screening, psychiatric follow-up and the current request for physical therapy twice a week for six weeks for the lumbar spine and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xWk x 6Wks for the lumbar spine and right shoulder, QTY: 12: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapyShoulder section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times six weeks for the lumbar spine and right shoulder #12 visits is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are right shoulder partial rotator cuff tear; bilateral carpal tunnel syndrome status post bilateral release; and lumbar disc herniation with lower extremity radicular pain. The date of injury is December 9, 2013. The request for authorization is dated June 10, 2015. The injured worker had a right carpal tunnel release March 4, 2015 and a left carpal tunnel release August 4, 2014. According to a May 8, 2015 progress note, subjectively the injured worker complains of low back pain 1/10 and right shoulder pain. Objectively, the right shoulder is limited to flexion and abduction 120 and internal and external rotation 60. The lumbar spine is tender to palpation over the paraspinal muscle groups with decreased range of motion. According to the utilization review, the injured worker received 12 sessions of physical therapy to the lumbar spine. The injured worker was instructed on a home exercise program. There are no physical therapy progress notes of the right shoulder. The total number of physical therapy sessions to the lumbar spine and right shoulder (either combined or separate) is unspecified in the medical record. There is no documentation demonstrating objective functional improvement of the lumbar spine or the right shoulder. Consequently, absent clinical documentation with the total number of physical therapy sessions to date, evidence of objective functional improvement, compelling clinical facts indicating additional physical therapy is warranted, physical therapy two times per week times six weeks for the lumbar spine and right shoulder #12 visits is not medically necessary.