

Case Number:	CM15-0126732		
Date Assigned:	07/13/2015	Date of Injury:	10/10/2008
Decision Date:	08/07/2015	UR Denial Date:	06/11/2015
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: 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:

The injured worker is a 56 year old male, who sustained an industrial injury on 10/10/2008. He reported pain in his neck, back and right ankle due to a motor vehicle accident. Diagnoses have included left shoulder strain with impingement, magnetic resonance imaging (MRI) evidence of tenosynovitis of biceps tendon, tendinosis of supraspinatus tendon, lumbar spine strain with radicular complaints and right foot/ankle plantar fasciitis sprain/strain. Treatment to date has included physical therapy, aquatic therapy, acupuncture, electrical stimulation and medication. According to the progress report dated 5/15/2015, the injured worker complained of intermittent, moderate, right heel pain. He also complained of intermittent, moderate, low back pain. Exam of the cervical spine revealed tenderness to palpation about the right trapezius musculature. Exam of the bilateral shoulders revealed tenderness to palpation about the anterior/lateral acromion of the left shoulder. There was spasm about the trapezius muscle. Range of motion was restricted secondary to pain. Neer's impingement sign was positive. Exam of the lumbar spine revealed tenderness to palpation and muscle spasms. Range of motion was restricted due to pain. Patrick Fabere's test was positive. Exam of the right ankle revealed diffuse, palpable tenderness. There was tenderness at the plantar fascia. Authorization was requested for physical therapy two times a week for four weeks for the left shoulder, lumbar spine and right foot.

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 left shoulder, lumbar spine and right foot: Upheld

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

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-related injury in October 2008 due to a motor vehicle accident and is being treated for neck, shoulder, low back, and right lower extremity pain. When seen, he was having low back and heel pain. There was decreased cervical and lumbar spine range of motion with tenderness. There was shoulder tenderness with weakness and positive impingement testing. There were trapezius and lumbar muscle spasms. There was decreased right ankle range of motion with tenderness over the plantar fascia. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. 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 or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.