

Case Number:	CM15-0127101		
Date Assigned:	07/13/2015	Date of Injury:	09/22/1987
Decision Date:	08/14/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/01/2015

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 63 year old male who sustained an industrial injury on 9/22/87. Treatments include: medications, physical therapy, multiple back surgeries and placement of medtronic intrathecal pain pump. Primary treating physician's progress report dated 6/11/15 reports follow up for multiple conditions including battery pack replacement for intrathecal pump, pain management, neurosurgery, and wound rehab. Right shoulder is losing range of motion. He is having trouble raising arm up over head and continues to have low back pain and leg weakness. Diagnoses include: bilateral knee, internal damage, cervical sprain, lumbar strain and bilateral shoulder tendinitis. Plan of care includes: restart physical therapy, resume water aerobics once wound has healed, continue medications and battery pack was replaced. Work status is disability retired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Physical Medicine Page(s): 98, 99.

Decision rationale: Based on the 06/11/15 progress report provided by treating physician, the patient presents with right shoulder pain. The patient is status post bilateral shoulder surgeries 1987. The request is for physical therapy x12. Patient's diagnosis per Request for Authorization form dated 06/16/15 includes status post reverse total shoulder arthroplasty right shoulder. Physical examination on 06/16/15 revealed tenderness to palpation and range of motion 110 degrees on flexion and 40 degrees external rotation. Diagnosis on 06/11/15 includes bilateral shoulder tendinitis. Treatment to date has included multiple back surgeries, intrathecal pump revision 01/07/15, physical therapy and medications. Patient's medications include Famotidine, Remicade, Morphine Sulfate, Lisinopril, Zolpidem, Diazepam, Amoxicillin, Tizanidine, Sulfamethoxazole, Celecoxib, Bupropion, Colace, Omeprazole, Lyrica, Erythromycin ointment and Cialis. The patient is off-work and retired, per 06/19/15 report. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for " Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Per 06/16/15 report, treater states "Right shoulder is losing range of motion and patient has trouble raising arm up over head." Given the patient's continued pain, a short course of physical therapy would appear to be indicated. However, treater has not provided a precise treatment history, nor documented efficacy of prior therapy. There is no explanation of why on-going therapy is needed, or reason patient is unable to transition into a home exercise program. Furthermore, the request for 12 sessions would exceed what is allowed by MTUS. Therefore, the request is not medically necessary.