

Case Number:	CM15-0177702		
Date Assigned:	09/18/2015	Date of Injury:	02/25/2014
Decision Date:	10/21/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/09/2015

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 53 year old male who sustained an industrial injury on 02-25-2014. Mechanism of injury occurred when he was installing a basketball net and he fell from the ladder hitting the basketball post and falling to the ground. Diagnoses include cervical spine sprain- strain with radiculitis, rule out herniated disc, right shoulder impingement syndrome, rule out internal derangement, and lumbar spine sprain-strain with radiculitis, rule out herniated disc. A physician progress note dated 07-08-2015 documents the injured worker has complaints of neck, mid back, low back and right shoulder pain. He rates his pain as 4 out of 10. He has pain down the right arm and right leg. He has cervical spine tenderness over the paraspinal muscles, trapezius and parascapular muscles bilaterally. Cervical compression test is positive bilaterally and shoulder depression test is positive bilaterally. His right shoulder reveals a positive impingement test. There is pain with muscle testing on the right. There is tenderness over the lumbar paraspinal muscles, sacroiliac, joint, sciatic notch and sacral base bilaterally. There is tenderness and spasm over the spinous processes from L2 through S1 bilaterally. Straight leg raising is negative and Kemp's test is positive. On 06-27-2015, he complained of continued right shoulder blade pain and right upper extremity swelling. Treatment to date has included diagnostic studies, medications, and physical therapy. The treatment plan included instruction on a home exercise program, a request for pharmaceutical management and the physician would like to see the Magnetic Resonance Imaging and well as the nerve tests results. An unofficial Magnetic Resonance Imaging report of the right shoulder done on 01-28-2015 revealed tenosynovitis of the long head of the biceps tendon, tendinosis and peritendinitis of the

supraspinatus tendon with no rotator cuff tear and arthropathy of the acromioclavicular joint. A Magnetic Resonance Imaging of the cervical spine done on 03-02-2015 showed multilevel disc protrusions with minimal to mild central canal stenosis. There is mild to moderate neural foraminal stenosis at multiple levels, and mild degenerative disc disease for C4-C5 to C6-C7. An Electromyography and NCV done on 05-04-2015 revealed bilateral distal median sensory neuropathy compatible with mild carpal tunnel syndrome. No evidence of cervical radiculopathy seen in the Electromyography. Current medications were not documented. He is not working. On 08-31-2015 the Utilization Review non-certified the requested treatment outpatient: physical therapy to the neck and right shoulder 3 times a week for 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient: Physical therapy to the neck and right shoulder 3 times a week for 2 weeks:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 February 2014 after falling from a ladder and continues to be treated for pain throughout the spine and right shoulder. Prior treatments included eight sessions of physical therapy. When seen, pain was rated at 4/10. He was having radiating symptoms into the right arm and leg. There were cervical and lumbar spasms with tenderness. Cervical compression testing and shoulder depression testing was positive bilaterally. Kemp's testing was positive. There was right shoulder tenderness with positive impingement testing and decreased strength. There was rhomboid and levator scapular tenderness and tenderness over the right pectoralis major. Authorization was requested for six sessions of physical therapy with goals of strength training, increasing range of motion, and decreasing pain. The claimant is being treated for chronic pain. 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 consistent with that recommended and what might be anticipated in terms of achieving the stated treatment goals as well as establishing or revising a home exercise program. The request is medically necessary.