

Case Number:	CM15-0074582		
Date Assigned:	04/24/2015	Date of Injury:	06/25/2012
Decision Date:	06/11/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/20/2015

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 65-year-old male, with a reported date of injury of 06/25/2012. The diagnoses include low back pain, discogenic pain, left shoulder pain, and left rotator cuff tear. Treatments to date have included chiropractic therapy. The supplemental orthopedic report dated 08/19/2014 indicates that the injured worker was noted to have a detached biceps tendon. The objective findings include weakness with flexion, extension, pronation, and supination of the left elbow. A progress report with a missing second page was handwritten and somewhat illegible. The second page of the note included the date of service. The report indicates that the injured worker had low back pain, rated 8 out of 10, and left shoulder pain, rated 9 out of 10. It was noted that the left shoulder pain had increased. The objective findings include restricted left shoulder range of motion in all directions, and an unchanged status in the lumbar spine. The treating physician requested twelve physical therapy sessions for the lumbar spine and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions for Lumbar Spine and Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): table 9-6. Decision based on Non-

MTUS Citation Official Disability Guidelines: Physical Therapy Guidelines; Shoulder chapter (Acute & Chronic); Low Back chapter, Lumbar & Thoracic (Acute & Chronic).

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, Shoulder Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 physical therapy sessions to the lumbar spine and left shoulder are 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 workers working diagnoses are lumbar back pain; discogenic pain; left shoulder pain, rotator cuff tear. The request for authorization is March 16, 2015. There are no contemporaneous progress notes on or about that day. There is a procedural note for extracorporeal shock wave therapy dated March 31, 2015. It was an undated incomplete hand written progress note in the medical record. There is no signature from a treating provider. The documentation indicates lumbosacral pain 8/10 and left shoulder pain 9/10. The remainder of page 1 of 2 is largely illegible. There are no other progress notes documented in the medical record. There is no treatment plans documented in the progress note. There is an initial physical therapy evaluation dated April 2, 2015. There were no prior physical therapy progress notes in the medical record demonstrating objective functional improvement. There is no indication the injured worker had prior physical therapy. There is no clinical indication of the rationale in the medical record for physical therapy documentation on or about March 16, 2015. Consequently, absent clinical documentation with a clinical indication and rationale for physical therapy, 12 physical therapy sessions to the lumbar spine and left shoulder are not medically necessary.