

Case Number:	CM15-0079337		
Date Assigned:	04/30/2015	Date of Injury:	01/02/2014
Decision Date:	05/29/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/24/2015

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 1/2/14. He reported initial complaints of upper extremity injury. The injured worker was diagnosed as having cervical radiculopathy; lumbosacral herniated disc; left shoulder tear repair 5/6/14; bilateral shoulder rotator cuff tear; right knee osteoarthritis. Treatment to date has included urine Sudoscan (3/11/15); drug screening; medications. Diagnostics included MRI lumbar spine (12/30/14); MRI left shoulder (12/30/14); MRI right shoulder (12/30/14); MRI right knee (12/30/14); MRI left knee (12/30/14); cardio-respiratory diagnostic testing (3/11/15). Currently, the PR-2 notes dated 3/11/15 are hand written medical records and are difficult to decipher. The notes appear to relate the injured worker was in the office as a follow-up examination and complains of lumbar, right shoulder and right knee pain. The medical documentation submitted also contains an "Interim Orthopedic Evaluation and Report" dated 11/24/14. It is a typed copy and indicates the injured worker is a now six and one-half months status post left shoulder rotator cuff repair who continues to complain of left shoulder pain. On examination, there is tenderness in the left shoulder with range of motion abduction at 140 degrees, external rotation at 50 degrees and internal rotation at 40 degrees. He wants to return to work for financial reasons and the provider has recommended work conditioning. The injured worker is prescribed Clinoril and Tizanidine. The primary physician has requested physical therapy 2 times a week for 4 weeks to the lumbar spine.

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 to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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 therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times four weeks to the lumbar spine 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are largely illegible according to a March 11, 2015 progress note. Diagnoses according to a February 2015 orthopedic progress note are the rotator cuff tear left shoulder, status post left shoulder rotator cuff repair; and cervical radiculitis. According to the March 11, 2015 progress note, the subjective and objective sections are illegible. The treatment plan requests physical therapy two times per week times four weeks, acupuncture, urine drug screen and topical compounds. There is no legible clinical rationale in the medical record for additional physical therapy. Consequently, absent legible documentation by the primary treating provider for additional physical therapy and compelling clinical documentation indicating additional physical therapy as clinically indicated, physical therapy two times per week times four weeks to the lumbar spine is not medically necessary.