

Case Number:	CM15-0097499		
Date Assigned:	05/28/2015	Date of Injury:	08/09/2012
Decision Date:	06/26/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/20/2015

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

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 42 year old male, who sustained an industrial injury on August 9, 2012. He reported right shoulder, thoracic, and low back injuries. The injured worker was diagnosed as having thoracic myelopathy secondary to thoracic degenerative disc disease with stenosis, neuropathic pain, status post thoracic laminectomy and posterior spinal fusion at cervical 7-thoracic 4, status post decompression at thoracic 10-thoracic 11, chronic right shoulder pain secondary to rotator cuff tear, and left scapulothoracic myofascial pain secondary to cervical degenerative disc disease. Diagnostic studies to date have included MRIs, CTs, and x-rays. Treatment to date has included physical therapy, a right subacromial bursal injection, a single point cane, and medications including short-acting and long acting pain, anti-epilepsy, and muscle relaxant. On March 16, 2015, the injured worker complains of constant, dull achy left scapular area pain, mild to moderate mid back, mild to moderate low back pain with burning pain from the waist down the bilateral lower extremities, which has improved with the use of pain and anti-epilepsy medications. He complains of dull, achy right shoulder pain. He had fallen at home when his legs gave out while he was walking with a single point cane. The physical exam revealed a stooped forward posture when standing, a slow paced and wide based gait with use of a single point cane, a healed surgical scar of the cervicothoracic spine, focal paraspinals tenderness, tenderness and trigger points over the left scapulothoracic muscles, and tender points over the bilateral thoracic paraspinals from thoracic 4-lumbar 2. There was decreased muscle strength at the shoulder, mild increased muscle tone of the bilateral lower extremities, an unsustained clonus in the left lower extremity, and decreased motor strength of the bilateral

lower extremities. The deep tendon reflexes of the bilateral upper extremities were decreased and the bilateral lower extremities were brisk. The sensory exam revealed decreased sensation to pinprick of the bilateral thoracic 2-thoracic 4 dermatomes and decreased sensation to pinprick of the thoracic 8-9 with hyperalgesia to light touch in the trunk. The right shoulder exam revealed posterior joint line tenderness and decreased range of motion. The treatment plan includes physical therapy for trial of H-Wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for trial of H-wave unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy for trial of H-wave unit is not medically necessary and appropriate.