

<b>Case Number:</b>	CM13-0029418		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	05/17/2006
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Internal Medicine and Pulmonary Diseases, and is licensed to practice in California. 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 Physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient was seen on 11/07/2013 with complaints of neck, low back, bilateral upper extremity symptoms and bilateral lower extremity symptoms. The patient stated neck pain is 8/10 with radiation of pain, numbness and tingling into the bilateral upper extremities which goes to her fingers. The patient also notes low back pain is 8/10 on the pain scale with radiation of pain, numbness and tingling into her bilateral lower extremities to toes. The patient's current medication is Norco 10/325 mg 6 times per day, the physician notes this is helping with decrease in her pain, Topamax 50 mg 1 time per day, and temazepam 50 mg one half tablet 1 time per day. The patient also has capsaicin cream that she uses and states that it is helping to decrease her pain and helping her to lower Norco use, Prilosec 20 mg daily, the patient notes that she has had a decrease in her activities of daily living. On exam, the physician notes the patient has an antalgic gait, tenderness to palpation to the paracervical and paralumbar musculature, range of motion in cervical and lumbar spine are decreased in all planes. Neurological sensation is intact bilateral upper extremities to pinprick and light touch. The physician stated decreased sensation of the right L3-S1 dermatomes to pinprick. The patient did have an MRI of the lumbar spine on 10/30/2012, which noted degenerative disc disease and facet arthropathy with minimal superior endplate compression, L1 and L2, chronic, without edema. There is a grade 1 anterolisthesis at L3-4 and L4-5 with retrolisthesis at L5-S1. The patient is diagnosed with right shoulder contusion, right shoulder subacromial bursitis, right shoulder impingement, decreased range of motion of right shoulder with adhesive capsulitis, right hip trochanteric bursitis, left hip trochanteric bursitis, status post bilateral carpal tunnel releases, multilevel lumbar facet arthropathy, multilevel canal stenosis and multilevel bilateral neural foraminal narrowing of the lumbar spine.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**POST OPERATIVE PHYSICAL THERAPY 2 X 6 WEEKS LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

**Decision rationale:** The employee is diagnosed with right shoulder contusion, right shoulder subacromial bursitis, right shoulder impingement, decreased range of motion of right shoulder with adhesive capsulitis, right hip trochanteric bursitis, left hip trochanteric bursitis, status post bilateral carpal tunnel releases, multilevel lumbar facet arthropathy, multilevel bilateral canal stenosis, and multilevel bilateral neural foraminal narrowing of the lumbar spine. The employee was seen on 11/07/2013 and again there was notation that employee was still having problems with neck pain and bilateral upper extremities, same with low back, patient did have radiating pain down both lower extremities bilaterally. The request is for postoperative physical therapy 2 times 6 weeks for lumbar spine. At this point, the surgery has not been approved. Therefore, the request for postoperative physical therapy would not be appropriate. The request is non-certified.