

<b>Case Number:</b>	CM13-0033696		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	10/10/2006
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/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 is a 48-year-old male that reported an injury on 10/10/2006. The mechanism of injury was not provided in the medical records. The patient complains of low back pain with no pain levels and no noted decreased range of motion in the clinical noted provided. The patient had a carpal tunnel release surgery on 06/14/2011, and a left shoulder arthroscopy with extensive debridement of glenohumeral joint; subacromial decompression; and distal clavicle excision, all arthroscopic; open rotator cuff repair with Speedbridge; biceps tenodesis to soft tissue. The MRI dated 04/08/2013 noted: Large (2.0-2.5cm) full-thickness supraspinatus rotator cuff tear with retraction to subacromial level; long head of biceps tendinopathy involving proximal segment over the humeral head; and mild degenerative arthritis of the acromioclavicular (AC) joint. The clinical note dated 07/12/2013, listed the medications as Prilosec 20 mg, Voltaren 100 mg, Norflex 20 mg, Zolpidem 5 mg, and Terocin lotion. The clinical notes stated that the patient had completed four (4) of the twelve (12) sessions of therapy by that visit. On examination it was noted that the patient had tenderness present at the left cervical muscles, the left levator scapulae muscle, the left trapezius muscle, the right cervical muscles, the right levator scapulae muscle and the right trapezius muscle. The lumbar spine was noted to have tenderness at the midline. The clinical note dated 11/15/2013, noted that the patient's range of motion to the left shoulder was: abduction was 60 degrees, and forward flexion was 60 degrees. The therapy note dated 09/12/2013, noted tightness of upper trapezius muscle, with improved left shoulder range of motion, left shoulder atrophy, left shoulder pain, and decreased left upper extremity functional mobility.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the lumbar spine.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
PHYSICAL MEDICINE Page(s): 98, 99.

**Decision rationale:** The Chronic Pain Guidelines recommend physical therapy as indicated: Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process; Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task; and Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The use of active treatment modalities, such as exercise, education, activity modification instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active Self-directed home Physical Medicine. Reflex sympathetic dystrophy: 24 visits over 16 weeks. The records submitted failed to show objective functional defect changes to lumbar spine for the request for therapy. Therefore, the request for therapy for the lumbar spine is non-certified.