

<b>Case Number:</b>	CM13-0037580		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	06/14/2001
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 Internal Medicine and is licensed to practice in New York. 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 47 year old female with a date of injury of 06/14/2001. She had right shoulder and low back pain. She had a lumbar fusion of L4-L5 in 04/2004. On 07/29/2013 she was working full time and requested more massage therapy. She was exercising. On 09/24/2013 it was noted that recently she had 8 physical therapy visits for her low back and right shoulder. That day was her 8th physical therapy visit. She noted 70% improvement. She was able to walk and shop for 90 minutes. The lumbar range of motion was 85% of normal. The cervical spine range of motion was 90% of normal. Lumbar muscle strength was 4+/5. She also had massage therapy for 8 visits..

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY 2X4 FOR LUMBAR AND RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

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

**Decision rationale:** The patient has chronic pain for which she received medication and massage therapy. She is working full time before the request for additional therapy. She recently

completed 8 physical therapy visits for the right shoulder and lumbar spine. The request was for an additional 8 physical therapy visits. MTUS Chronic pain allows for a maximum of 10 physical therapy visits. It is unclear how many previous courses of physical therapy she had but she had already been instructed in a home exercise program prior to the recent 8 physical therapy visits. The requested additional 8 physical therapy would exceed the maximum number of physical therapy visits under the MTUS guideline. Also, by this point in time the patient should have been fully transitioned to a home exercise program and there is no documentation that continued formal physical therapy is superior to a home exercise program.