

<b>Case Number:</b>	CM13-0039630		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	10/30/2012
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	09/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2013

### 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, has a subspecialty in Interventional Spine 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 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 64 year old male with an injury date on 10/30/12. Based on the 08/23/13 progress report provided by [REDACTED], the patient's diagnosis include cervical spine sprain/strain with radicular complaints, left shoulder strain, prior anterior shoulder reconstruction with posterior instability, prior shoulder/humerus fracture, prior left shoulder dislocations, lumbar spine sprain/strain with radicular complaints, urological complaints, and stress. A 01/17/13 progress report by [REDACTED] states that an MRI of the patient's left shoulder with arthrogram was completed on 12/28/12 and revealed an "old Hill-Sachs deformity and Bankart deformity with absence of normal anterior labrum most likely related to an old injury." An MRI completed on 02/11/13 also found "mild scoliosis of the lumbar spine." A progress note dated 03/07/13 by [REDACTED] states that he recommends "continued physical therapy twice a week for six weeks for his lumbar spine and left shoulder as he is making progress with the physical therapy." [REDACTED] requests for 6 physical therapy visits for treatment of lumbar and sacral spine. [REDACTED] is the requesting provider, and he provided treatment reports from 01/17/13- 11/15/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 PHYSICAL THERAPY VISITS, FOR TREATMENT OF THE LUMBAR AND SACRAL SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

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

**Decision rationale:** According to the 08/23/13 progress report by [REDACTED], the patient presents with cervical spine sprain/strain with radicular complaints, left shoulder strain, prior anterior shoulder reconstruction with posterior instability, prior shoulder/humerus fracture, prior left shoulder dislocations, lumbar spine sprain/strain with radicular complaints, urological complaints, and stress. The request is for 6 physical therapy visits for treatment of lumbar and sacral spine. The patient had already completed 12 sessions of physical therapy as stated on the 03/07/13 progress report by [REDACTED]. There was no mention of improvements in ADL's. MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. The requested 6 additional sessions of therapy would exceed what is allowed by the MTUS and the treater does not provide any rationale as to why therapy should be continued. Recommendation is for denial.