

<b>Case Number:</b>	CM13-0051684		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/31/2013
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, left shoulder, and hip pain reportedly associated with an industrial injury of May 31, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; oral steroids; unspecified amounts of acupuncture; trigger point injections; work restrictions; and unspecified amounts of physical therapy over the life of the claim. In a utilization review report of November 6, 2013, the claims administrator denied a request for nine additional sessions of physical therapy. Interestingly, the claims administrator used a number of non-MTUS Guidelines, including non-MTUS ACOEM and ODG Guidelines plus postsurgical treatment guidelines in MTUS 9792.24.3 which are not applicable here as the applicant has not had any surgery. The applicant later appealed. In a questionnaire dated September 25, 2013, the applicant states that she is off work. An earlier note of October 16, 2013 is notable for moderate, dull hip, shoulder, and scapulothoracic pain. The applicant is now working full duty, it is stated. The applicant exhibits 170 degrees of left shoulder range of motion despite tenderness to touch with mildly positive provocative testing. 5/5 upper extremity strength is appreciated. Well-preserved hip range of motion is noted. The applicant's gait is unremarkable. Lumbar range of motion is also within normal limits. Only mild tenderness is noted. The applicant has again returned to regular duty work and asked to pursue a nine-session course of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 times a week for 3 weeks for lumbar spine, left shoulder and left hip:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines (Lumbar)

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

**Decision rationale:** While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 9 to 10 sessions of treatment for myalgias and/or myositis of various body parts, in this case, however, it is not clearly stated how much prior therapy the applicant has had over the life of the claim and how much the applicant had in the chronic pain phase of the injury. The applicant did seemingly respond favorably to prior treatment. She did return to regular duty work. As further noted on pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines, the emphasis should appropriately be placed, at this point, on fading or tapering the frequency of treatment over time, self-directed home physical medicine, active therapy, and active modalities. Given the applicant's minimal residual deficits in terms of strength, range of motion, gait, etc., and already successful return to regular work, a nine-session course of treatment does not appear to be indicated here. Therefore, the request is not certified, on independent medical review.