

<b>Case Number:</b>	CM13-0058065		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/12/2008
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 is a 37 year old male who was injured on 06/12/2008. The patient sustained an industrial injury to his right shoulder and lumbar spine. He stated as he threw the pallet, his four fingers on his right hand got stuck in the pallet causing a pulling sensation in his right shoulder, forearm, and lumbar spine. The patient stated he immediately felt a severe sharp pain in his right shoulder and lumbar spine. Prior treatment history has included x-rays of his right shoulder and lumbar spine was taken. Oral medications were prescribed. The patient had physical therapy 2 to 3 times a week for 6 weeks. A TENS unit, an exercise ball, and a rubber band was given to perform home exercises. Physiotherapy was not helpful and he felt that his symptoms worsened. The patient had chiropractic treatment 2 to 3 times week. He completed 24 sessions and treatment was a little helpful. Diagnostic studies reviewed include MRI of the lumbar spine performed 01/25/2013 revealed L3-4 with diffuse disc protrusion with effacement of the thecal sac. Bilateral neuroforaminal narrowing that effaces the left and right L3 exiting nerve roots, more so on right side than the left. Disc measurements were neutral at 4.0 mm. L4-5 revealed diffuse disc protrusion with effacement of the thecal sac. Bilateral neuroforaminal narrowing that effaces the left and right L4 exiting nerve roots. Disc measurements were neutral at 2.5 mm. L5-S1 revealed focal central disc protrusion with annular tear without effacing the thecal sac. Bilateral neuroforaminal narrowing that effaces the left and right L5 exiting nerve roots, more so on right side than left. Disc measurements were neutral at 3.5 mm. PR-2 note dated 10/17/2013 documented objective findings on exam included the right shoulder had negative Neer's impingement test, however, positive 90 degree cross over impingement test; positive Apley's; positive Hawkin's and weak abduction against resistance. The lumbar spine revealed flexion at 40/90 degrees, extension was 15/25 degrees, right lateral flexion was 25/25 degrees and left lateral flexion was 25/25 degrees.

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

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

**Physical Therapy of lumbar:** 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 based on Non-MTUS Citation Physical Medicine & Rehabilitation, 3rd Edition, 2007, Chapter 41: Low Back Pain, Pages 883-928

**Decision rationale:** Per the CA MTUS, physical therapy (PT) should be used as an active modality with emphasis on activity modification and education with transition into a home exercise program. Per the patient's medical records, the beneficiary has already received 6 weeks of physical therapy (PT) with self-reported worsening of symptoms. Based on the lack of documented improvement in function, the request for further physical therapy (PT) is not certified.