

<b>Case Number:</b>	CM13-0061370		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/06/2012
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 & 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:

Patient is 63 year old, with date of injury 04/16/12. According to progress note 09/25/13, patient notes low back pain is described as an intermittent aching, burning and sharp pain that ranges from 5-8/10. He also has anterior and superior left shoulder is an intermittent dull ache that increases with activity and ranges between 4-7/10. The neck pain is a constant pain in bilateral sides that causes headaches to the occipital to temporal region and ranges between a 4-5/10. Per physical therapy initial evaluation on 08/20/13, the patient complains of constant low back pain and intermittent cervical pain, which increases when "sitting in a car". Activities of daily living are limited with the patient reporting 20-25 minute sitting tolerance and 10 minute walking tolerance. The listed diagnoses are: 1. Rotator cuff tear, left s/p arthroscopic repair date of surgery unknown 2. Cervical sprain/strain 3. Brachial neuritis/radiculitis 4. Lumbar radiculitis, bilateral On physical exam findings, the patient has increased lordosis of lumbar spine and tenderness in the pelvic brim and junction greater on the right than left. Decreased lumbar forward flexion 30 degrees, extension 15 degrees, lateral bending 10/15 degrees. Noted tightness to paracervical musculature with decrease range of motion. Cubital tinel is mildly positive on the left. Left shoulder with moderate tenderness in the bicipital groove and abduction, external rotation and flexion to 80 degrees. The MRI left shoulder report on 09/11/13 shows s/p rotator cuff repair with supraspinatus and infraspinatus tendinosis, superior labral degeneration and fraying, and mild AC joint osteoarthritis. He completed 8 sessions of physical therapy to left shoulder, neck and lumbar spine per progress note 02/06/14, and has been at a low activity level at home due to not receiving the over-the-door pully to do home exercises for left shoulder; however, the cervical and lumbar spine symptoms are progressively decreasing. The request is for additional 8 sessions of physical therapy to the left shoulder, cervical and lumbar spine 2

times a week for 4 weeks. Utilization review letter disputed is dated 11/21/13. Reports included in the file were progress reports from 10/30/13 to 02/21/14 and therapy notes from 12/16/13 to 01/08/14.

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

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

**8 ADDITIONAL SESSIONS OF PHYSICAL THERAPY TREATMENTS TO THE CERVICAL AND LUMBAR SPINE, AND LEFT SHOULDER, 2 TIMES PER WEEK FOR 4 WEEKS:** Upheld

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

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

**Decision rationale:** This patient presents with left shoulder, neck and low back pain The request is for additional 8 sessions of physical therapy to the left shoulder, cervical and lumbar spine 2 times a week for 4 weeks. The patient had left shoulder surgery (date unknown). In this case, the patient the requested additional 8 sessions of physical therapy are not consistent with the guidelines. The patient appears to have received some therapy in August of 2013 with some benefit. MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. When combining what the patient has had with what is requested, the number of therapy sessions exceeds what is recommended by MTUS. The treater does not explain why the patient should have on-going therapy, beyond what is recommended by MTUS. Recommendation is for denial.