

<b>Case Number:</b>	CM13-0070846		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	07/22/2011
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 and is licensed to practice in Illinois. 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 injured worker is a 51 year old male who reported an injury on 07/22/2011. The mechanism of injury was not provided. Per the 11/21/2013 clinical note, the injured worker reported left shoulder pain and back pain radiating to the right lower extremity with numbness and weakness. Physical exam findings included a positive straight leg raise on the right and pain with lumbosacral flexion. Examination of the left shoulder showed decreased internal rotation and abduction. The injured worker demonstrated a positive impingement sign and AC compression test. Weakness was noted in the right extensor hallucis longus; no other strength deficits were noted. An MRI of the lumbar spine performed 06/28/2013 showed multiple level disc herniations with the most severe on the right at L5-S1. The injured worker's diagnoses included right lumbosacral radiculopathy, left shoulder bursitis, and left shoulder acromioclavicular arthritis. The medical records provided indicate the injured worker had completed 11 visits of physical therapy for the lumbar spine from 03/27/2013 to 06/24/2013. The provider recommended additional physical therapy for the shoulder and back. The request for authorization form was submitted on 12/02/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 SESSIONS OF PHYSICAL THERAPY TO THE LUMBAR SPINE AND LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 46, 98-99.

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

**Decision rationale:** The CA MTUS guidelines recommend 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis, with the fading of treatment frequency plus active self-directed home physical medicine. The medical records provided indicate the injured worker completed 11 sessions of physical therapy for the lumbar spine from 03/27/2013 to 06/24/2013. The physical exam from 11/21/2013 showed decreased range of motion of the left shoulder and weakness in the right extensor hallucis longus; no other strength deficits were noted. The medical necessity for additional physical therapy for the lumbar spine was not established. The requesting physician did not include an adequate and complete assessment of the lumbar spine or left shoulder. In addition, the submitted request for 12 sessions of physical therapy exceeds guideline recommendations. As such, the request is not medically necessary.