

<b>Case Number:</b>	CM14-0000577		
<b>Date Assigned:</b>	04/04/2014	<b>Date of Injury:</b>	09/04/2012
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 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 injured worker is a 26-year-old male who reported an injury on 09/04/2012. The mechanism of injury was not stated. The current diagnoses include cervical sprain, right-sided shoulder rotator cuff tear, left-sided shoulder SLAP tear, lumbosacral sprain, status post right shoulder arthroscopy, discopathy at L5-S1, and status post left shoulder arthroscopy. The injured worker was evaluated on 11/11/2013. The injured worker reported 6/10 pain. Physical examination revealed focal tenderness at the lumbosacral junction at L4 -S1 as well as the right superior iliac crest with intact sensory and motor strength. The treatment recommendations at that time included physical therapy 3 times per week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY 3 X 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PHYSICAL THERAPY GUIDELINES (LUMBAR)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 98-99.

**Decision rationale:** The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The treatment for myalgia and myositis, unspecified, includes 9 to 10 visits over 8 weeks. The current request for 18 sessions of physical therapy exceeds guideline recommendations. There is also no specific body part listed in the current request. Based on the clinical information received, the request is non-certified.