

<b>Case Number:</b>	CM14-0008527		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	04/04/2007
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 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 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 patient is a 64-year-old female who has submitted a claim for right shoulder internal derangement status post arthroscopic surgery, cervical spine sprain/strain, right elbow sprain/strain, and lumbar spine myoligamentous injury associated with an industrial injury date of April 4, 2007. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of increased lower back pain which radiated down to both lower extremities. Physical examination showed posterior cervical muscle tenderness with increased muscle rigidity. There were numerous trigger points that were palpable and tender throughout the cervical paraspinal muscles, upper trapezius and medial scapular regions bilaterally. The patient had decreased range of motion with obvious muscle guarding. Cervical spine range of motion showed flexion to 30 degrees, extension to 30 degrees, left lateral bend to 30 degrees, right lateral bend to 30 degrees, right rotation to 60 degrees and left rotation to 60 degrees. Examination of the right shoulder revealed tenderness with no subluxation appreciated. Examination of the posterior lumbar musculature revealed tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger points, which were palpable and tender with taut bands throughout the lumbar paraspinal muscles. Lumbar spine range of motion showed flexion to 45 degrees, extension to 15 degrees, left lateral bend to 20 degrees and right lateral bend to 20 degrees. DTRs of the patella and achilles tendon were 2/4 bilaterally. Sensory examination using the Wartenberg pinwheel was decreased along the posterolateral thigh and posterolateral calf in the approximate L5-S1 distribution, bilaterally. The straight leg raise in the modified sitting position was positive at 65 degrees, causing radicular symptoms, bilaterally. Treatment to date has included right shoulder arthroscopic surgery 3/27/2010, medications, which include Norco, Ultram ER along with Anaprox, right shoulder intraarticular

corticosteroid injection 2/2013, lumbar epidural steroid injections, chiropractic treatment, and an unknown number of PT sessions.

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

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

#### **TWELVE (12) PHYSICAL THERAPY SESSIONS FOR CERVICAL/LUMBAR SPINE AND RIGHT SHOULDER: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE GUIDELINES Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Physical Therapy; Low Back, Physical Therapy; Shoulder, Physical Therapy.

**Decision rationale:** According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. Official Disability Guidelines recommend 10 visits over 8 weeks for strains and sprains of the neck, intervertebral disc disorder with myelopathy and shoulder sprain. In this case, the patient has had an unknown number of PT sessions dating back to 2007 following the injury. Progress report from 01/15/2014 cited that physical therapy failed to control her symptoms. There is no compelling indication for re-enrollment to PT. Furthermore, the present request would exceed the number of PT sessions recommended by the guidelines. Therefore, the request for 12 physical therapy sessions for cervical/lumbar spine and right shoulder are not medically necessary.