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| <b>Case Number:</b>   | CM14-0100369 |                              |            |
| <b>Date Assigned:</b> | 07/30/2014   | <b>Date of Injury:</b>       | 09/22/2012 |
| <b>Decision Date:</b> | 08/29/2014   | <b>UR Denial Date:</b>       | 06/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/30/2014 |

### 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 Texas and Ohio. 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 53-year-old female who reported an injury on 09/22/2012 due to an unknown mechanism. Diagnoses were sprained shoulder/arms, subacromial bursitis, sprained hip and thigh, rib and sternum anomalies not elsewhere classified, and lumbar/lumbosacral disc degeneration. Past treatments reported were physical therapy. Diagnostic studies were not reported. Past surgeries were cholecystectomy and tubal ligation. Physical examination on 06/10/2014 revealed complaints of right shoulder pain, a 5 - 6 /10 on the VAS scale. At best, it is a 4/10, and at the worst it is 8 - 9/10. The injured worker stated she felt a little bit of improvement with the active physical therapy, but mostly for the back. She noted less back spasms, less radiating pains. Examination of the thoracic spine revealed tenderness upon palpation of ribs and intercostal muscles right T7-10 mid axillary line. Examination of the lumbar spine revealed range of motion was restricted with moderate losses, less guarded. On palpation of the paravertebral muscles tenderness was noted on both sides. Spinous process tenderness was noted on the L4 and L5. Straight leg raise test was positive on both sides in a sitting position of 60 degrees. Examination of the shoulders revealed the right shoulder movements were restricted with flexion limited to 120 degrees, extension limited to 60 degrees and abduction limited to 75 degrees but normal internal rotation and external rotation. Hawkin's test was positive. Neer test was positive. Shoulder crossover test was negative. Empty Cans test was positive. Examination of muscle strength revealed normal tone, power. Sensory examination revealed normal touch, pain, temperature, deep pressure. Upper and lower extremity reflexes were normal. Medications for the injured worker were Lidoderm cream apply 3x a day. Treatment plan was to extend active therapy to 8 more sessions. The rationale and request for authorization were not submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Extend active therapy - lumbar, times 8:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment and Disability Duration.

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

**Decision rationale:** The request for extended active therapy for lumbar x 8 is not medically necessary. The California Medical Treatment Utilization Schedule states for physical medicine it is indicated. Passive therapy and active therapy are different types of therapy. Passive therapy (are those treatment modalities that do not require energy expenditure on the part of the patient) and can provide short-term relief during the early phases of pain. Treatments are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy of therapeutic exercise and/or activity are beneficial 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. Home exercise can include exercise with or without mechanical assistance or resistance. The medical guidelines recommend to allow for fading of treatment (from up to 3 visits per week to 1 or less), plus active self-directed home exercise. For unspecified myalgia and myositis it is recommended 9-10 visits over 8 weeks and unspecified neuralgia, neuritis 8-10 visits over 4 weeks. It is unknown how many sessions of physical therapy the injured worker has had. Medical guidelines state patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Previous improvement from prior therapy was not documented. Therefore, the request is not medically necessary.