

<b>Case Number:</b>	CM14-0011839		
<b>Date Assigned:</b>	05/30/2014	<b>Date of Injury:</b>	12/16/2009
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 and 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:

This 41 year-old patient sustained an injury on 12/16/09 while employed by [REDACTED]. Request under consideration include physical therapy 2x6 weeks for the lumbar spine and right shoulder. Diagnoses include lumbar strain/ discogenic disease; right shoulder strain/tendinopathy/impingement and rotator cuff tear; depression/anxiety/sleep disturbance secondary to pain; hypertension and gastritis. MRI of the lumbar spine of 8/9/10 showed 1-2 mm disc bulge at L4-5 with bilateral foraminal stenosis; disc degeneration at L5-S1 with 2-3 mm disc protrusion; and L3-5 canal stenosis. A report of 11/4/13 from the provider noted patient with chronic intermittent mid back, sacroiliac and lumbar region pain radiating to right buttock, thigh, and calf; right shoulder with clicking and limited range. An exam of thoracic spine noted TTP of paraspinal muscles with spasms over thoracic and lumbar spine; lumbar spine with tenderness; bilateral SI joint tenderness. The patient is not currently working. The request for physical therapy 2x6 weeks for the lumbar spine and right shoulder was non-certified on 1/16/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY 2X6 WEEKS FOR THE LUMBAR SPINE AND RIGHT SHOULDER:** Upheld

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

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

**Decision rationale:** The patient has been receiving physical therapy within the last few months without objective functional change. Submitted reports have no acute flare-up or specific physical limitations to support for physical therapy. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. It is unclear how many PT sessions the patient has received or what functional outcome was benefited if any. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the patient has received prior sessions of PT without clear specific functional improvement in ADLs, work status, or decrease in medication and utilization without change in neurological compromise or red-flag findings to support further treatment. The physical therapy 2x6 weeks for the lumbar spine and right shoulder is not medically necessary and appropriate.