

<b>Case Number:</b>	CM14-0016265		
<b>Date Assigned:</b>	03/05/2014	<b>Date of Injury:</b>	03/15/2012
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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, has a subspecialty in Interventional Spine 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 50-year-old female with a date of injury of 03/15/2012. The listed diagnosis per [REDACTED] is cervical ligamentous sprain, lumbar disk protrusion at multilevel, and left shoulder rotator cuff syndrome. According to report dated 12/27/2013 by [REDACTED], the patient continues with persistent neck, low back pain and left shoulder pain. The patient is now complaining of left knee pain as well. He has gastritis secondary to the medications subjectively noted. The physical examination included decreased range of motion of the cervical spine, with tenderness to the paraspinous musculature. There is also decreased range of motion of the lumbar spine, and a positive straight leg raise. An examination of the left shoulder revealed, "significant" decreased range in motion. There was positive impingement and acromioclavicular joint tenderness. The patient's medication includes tramadol, ibuprofen, and Elavil. Recommendation is for eight (8) additional physical therapy sessions for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EIGHT (8) ADDITIONAL PHYSICAL THERAPY FOR THE LEFT SHOULDER TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS AS AN OUTPATIENT: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

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

**Decision rationale:** This patient presents with continued complaints of upper and lower back and left shoulder pain. The treater is requesting physical therapy sessions two (2) times a week for four (4) weeks. The medical file provided for review is forty (40) pages, and it only includes two (2) progress reports. There is no indication of how much physical therapy this patient has received to date. The utilization review dated 02/03/2014, denied the request stating there is insufficient clinical data to suggest the need for formal physical therapy at this time. The subsequent therapy treatment history was not provided. The treater does not discuss it and there are no therapy notes. The treater does state that he is requesting "additional" therapy. The Chronic Pain Guidelines require that the treater monitor the patient's progress and make appropriate recommendations. The 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. Given the lack of discussion regarding the treatment history, the patient's response, and why "additional" treatments are required, recommendation is for denial.