

<b>Case Number:</b>	CM14-0122424		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/12/2012
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Illinois. 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 73-year-old male who reported injury on 04/12/2012, when he was transferring to a smaller school and was required to pull and push a large steel door that was difficult to open. He sustained injuries to the low back, right shoulder, upper extremity, and pain in left elbow. The injured worker's treatments history included chiropractic treatment, acupuncture sessions, functional capacity evaluation, x-rays, physical therapy and MRI. The examination dated 05/26/2014, noted the injured worker had a great deal of improvement in his symptoms; however, had minimal back pain, right knee pain and bilateral hip pain. He walks and stretches at home, which was improving these symptoms. The provider noted that the body parts that continued to experience pain were his left elbow and right shoulder. He feels the left elbow pain with heavy lifting as well as experienced right shoulder pain only when raising his right his shoulder and did over the shoulder work. The pain he was experiencing does not prevent him from doing his job. As a matter of fact, he stated he does not experience the pain or any aggravation of pain on the job. Physical examination of the cervical spine revealed paravertebral muscles are tender and spasms were present. Range of motion was restricted and motor strength and sensation was grossly intact. Deep tendon reflexes were normal and symmetrical. Shoulder examination revealed anterior shoulder was tender to palpation and range of motion was decreased in flexion/abduction. Impingement sign was positive. Lumbar spine physical examination revealed paravertebral muscles were tender and spasms were present. Range of motion was restricted and motor strength and sensation was grossly intact. Straight leg raising test was positive bilaterally. Knee examination revealed joint line was tender to palpation and McMurray's test was positive. Diagnoses included brachial neuritis or radiculitis, not otherwise specified, shoulder impingement, ulnar nerve lesion, lateral epicondylitis, lumbar radiculopathy and internal derangement of the knee not elsewhere classified. Medications

included Naprosyn and Omeprazole. Treatment plan was for the injured worker to continue taking medications as before and a formal course of physical therapy to strengthen his left elbow and right shoulder. The Request for Authorization dated 05/26/2014 was for physical therapy 3 times a week for 4 weeks for the right shoulder, neck, and left elbow. The rationale was to strengthen his left elbow and right shoulder.

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

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

#### **Physical Therapy 3 times a week for 4 weeks for cervical spine and bilateral shoulders:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The request is not medically necessary. The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker has had conservative care to include acupuncture sessions, chiropractic treatment and physical therapy, noting good benefit. It was noted the injured worker is working out without any significant issues other than, sometimes experience a little pain in his lower back when over does exercising. In addition, long-term functional goals were not provided for the injured worker. Given the above, the request for physical therapy 3 times a week for 4 weeks for cervical spine and bilateral shoulders is not medically necessary.