

<b>Case Number:</b>	CM14-0158806		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	09/22/2013
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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:

The injured worker is a 63-year-old male who sustained an injury on 9/22/13. As per 9/22/14 report he had ongoing pain in his neck, right shoulder and lower back with radicular pain down his right leg and foot improving with the medication and exercise program. Exam revealed cross shoulder abduction of the right shoulder, bilateral paraspinal tenderness over the C4 through C7, pain on lateral bending primarily with limited range of motion (ROM), tenderness over the acromioclavicular joint and subacromial bursa of the left shoulder, over the right plantar fascia, over L4 through S1 and superior iliac crest with diminished ROM. L-spine MRI dated 4/3/14 revealed congenital spinal stenosis and concomitant multilevel degenerative changes and no evidence of fracture or subluxation or paraspinal soft tissue abnormalities. Shoulder MRI dated 12/19/13 revealed infraspinatus and subscapularis tendinopathy, full thickness longitudinal tear of the long head of the biceps tendon, tear of the superior labrum, and supraspinatus tendinopathy with full thickness tear of the anterior leading edge of the supraspinatus with mild osteoarthritic changes of the acromioclavicular (AC) joint. He is currently on Omeprazole, cyclobenzaprine, and naproxen sodium. His upper extremity tendonitis had improved. Regarding his shoulder, right shoulder arthroscopy was recommended which is still pending authorization. As per 6/10/14 report, he returned to physical therapy (PT) as he had not experienced decrease in symptoms with independent HEP and thermal modalities and he was prescribed 12 sessions of PT. According to PT reports, he had 8 sessions from 6/18/14 to 7/25/14 with improvement. Diagnoses include cervical sprain and strain, thoracic sprain and strain with multilevel spondylosis, right shoulder rotator cuff tear, right upper extremity lateral epicondylitis and extensor tendonitis, lumbosacral sprain and strain with radiculopathy right lower extremity L5-S1 distribution, numbness along the right anterolateral thigh, right plantar fasciitis, and psychological impairment with presumed stress and anxiety and headaches. The request for PT 1

session of lumbosacral/hip & thigh/shoulder with Spanish speaking therapist was denied on 9/17/14.

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

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

**Physical therapy (PT) 1 session of lumbosacral/ hip & thigh/shoulder with Spanish speaking therapist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine treatment and Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back - Shoulder

**Decision rationale:** As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. ODG guidelines recommend 9 PT visits over 8 weeks for intervertebral disc disorders without myelopathy. ODG guidelines for shoulder impingement syndrome, allow 10 PT visits over 8 weeks. CA MTUS - Physical Medicine; Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, the injured worker (IW) has received unknown number of PT visits since his injury. However, there are no records of PT progress notes, documenting of significant improvement in the objective measurements (i.e. pain level, range of motion, strength and function) to demonstrate the effectiveness of therapy in this injured worker. There is no presentation of any new injury / surgical intervention. Moreover, additional PT visits would exceed the guidelines criteria, as it is not clear how many PT visits the IW has received so far. Nonetheless, there is no mention of the patient utilizing an HEP (at this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). Therefore, the request is considered not medically necessary in accordance with the guidelines.