

<b>Case Number:</b>	CM14-0159485		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	03/29/2010
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	09/09/2014
<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 62 year old male with a date of injury on 3/29/2010. As per the report of 8/19/14, he complained of continued right shoulder pain with decreased range of motion and strength, exacerbation of neck and especially lower back pain, which was interfering with activities of daily living. He had experienced an exacerbation of depression. Exam revealed impingement and Hawkins signs in the right shoulder with decreased range of motion and strength. His range of motion was approximately 90 degrees with flexion and abduction. Exam also indicated neck/back spasm, tenderness, guarding in the paravertebral musculature with loss of range of motion in both, and decreased sensation in the S1 dermatomes. Cervical spine magnetic resonance imaging scan dated 8/24/13 showed disc desiccation and bulges approximately 2 to 3 mm up and down the spine. Right shoulder magnetic resonance imaging scan dated 8/15/13 showed a near full thickness tear of the supraspinatus tendon 1 cm of its attachment. There were findings of tendinopathy without evidence of retraction. Lumbar spine magnetic resonance imaging scan dated 8/24/13 showed multiple findings with disc bulges, spinal stenosis and radiculopathy L4-5 dermatomes on the right. Right knee magnetic resonance imaging scan performed on 8/15/13 was normal. In 2002, he had left carpal tunnel release surgery. He is currently on Prilosec, Nabumetone, Vicodin, Sumatriptan, Zolpidem, Ramipril, Amlodipine, Januvia Metformin, Norvasc, and Paxil. He had good benefit with the physiotherapy in reduction of pain. Medications also provided pain relief and improved in function. As per the report of 4/13/13, he was status post epidural injection (date unknown) with relief. Diagnoses include cervical radiculopathy, shoulder region disorders not elsewhere classified, enthesopathy of wrist, olecranon bursitis. The request for physical therapy 12 visits, three times per week for four weeks for the lumbar spine, cervical, and right shoulder was partially approved by Physician Advisory for #6 on 09/09/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 12 Visits (three times per week for four weeks) for the Lumbar Spine, Cervical and Right Shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As per the MTUS Chronic Pain Medical Treatment 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. Official Disability Guidelines recommend 9 physical therapy visits over 8 weeks for cervical / lumbar intervertebral disc disorders without myelopathy and allow 10 physical therapy visits over 8 weeks for shoulder impingement syndrome. In this case, the injury is old and the injured worker has received unknown of physical therapy visits in the past. In addition, 6 physical therapy visits have recently been approved. However, there are no records of physical therapy progress notes and there is little to no documentation of any significant improvement in the objective measurements (i.e. pain level "visual analog scale", range of motion, strength or function) with physical therapy to demonstrate the effectiveness of this treatment. There is no evidence of presentation of any new injury / surgical intervention to warrant more physical therapy. Nonetheless, there is no mention of the worker utilizing a home exercise program. At this juncture, this worker should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. Moreover, additional physical therapy visits would exceed the guidelines criteria. Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines.