

<b>Case Number:</b>	CM14-0180652		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	08/31/2013
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Pain Medicine 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 is a patient with a date of injury of August 31, 2013. A utilization review determination dated October 21, 2014 recommends non-certification of additional physical therapy for the lumbar spine. Non-certification is recommended since the patient has "already had more than the recommended amount of physical therapy," as well as a normal physical examination. A progress report dated September 22, 2014 identifies subjective complaints of right shoulder pain, low back pain, left lower extremity symptoms, and right upper extremity symptoms. The note indicates that activities of daily livings (ADLs) are maintained. Medication improves the patient's function and allows her to continue participating in activities of daily living. Objective examination findings identify restricted lumbar range of motion. Diagnoses include right shoulder tendinopathy, lumbar spondylosis, rule out lumbar radiculopathy, and cervical pain with right upper extremity symptoms. The treatment plan states that the patient has failed physical therapy, home exercise program, activity modification, and injection for the shoulder. Continuing medications is also recommended. Additional physical therapy is recommended for the lumbar spine. A report dated August 3, 2014 indicates that the patient underwent physical therapy in 2014. The note indicates that the patient may benefit from a brief course of physical therapy during periods of exacerbation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 3 x 4 for the lumbar spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy

**Decision rationale:** Regarding the request for additional physical therapy (PT), Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Official Disability Guidelines (ODG) has more specific criteria for the ongoing use of physical therapy and recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends 10 therapy visits for the treatment of lumbar sprain/strain and lumbar intervertebral disc disorders. Within the documentation available for review, there is documentation of completion of prior PT sessions. However, there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS. Finally, there is no indication of a recent exacerbation with worsened physical examination findings to support a short course of therapy. As such, the request is not medically necessary.