

<b>Case Number:</b>	CM14-0021499		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	02/12/2009
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 & 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:

According to the records made available for review, this is a 63-year-old female with a 2/12/09 date of injury. At the time (12/26/13) of request for authorization for physical therapy two times per week for 4 weeks to the left shoulder, lumbar spine and bilateral hips, there is documentation of subjective (low back pain radiating down the lower extremities and left shoulder pain) and objective (tenderness in the acromioclavicular joint, positive Neers and Hawkins tests, tenderness in the paraspinal processes, restricted lumbar range of motion, and tenderness in the sciatic notches) findings, current diagnoses (left shoulder pain, lumbosacral neuritis, sprain of the lumbar region, and joint stiffness), and treatment to date (26 sessions of physical therapy). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy sessions and a statement of exceptional factors to justify going outside of guideline parameters.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY TWO TIMES PER WEEK FOR 4 WEEKS TO THE LEFT SHOULDER, LUMBAR SPINE AND BILATERAL HIPS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

**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) Shoulder, Low Back, & Bilateral Hips, Physical Therapy.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Regarding the shoulder, ODG recommends a limited course of physical therapy for patients with a diagnosis of shoulder sprain/strain not to exceed 10 visits over 8 weeks. Regarding the low back, ODG recommends a limited course of physical therapy for patients with a diagnosis of lumbar sprain/strain not to exceed 10 visits over 8 weeks. Regarding the hips, ODG recommends a limited course of physical therapy for patients with a diagnosis of hip osteoarthritis not to exceed 9 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of left shoulder pain, lumbosacral neuritis, sprain of the lumbar region, and joint stiffness. In addition, there is documentation of 26 physical therapy sessions completed to date, which exceeds guidelines. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy sessions. Lastly, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. Therefore, based on guidelines and a review of the evidence, the request for physical therapy two times per week for 4 weeks to the left shoulder, lumbar spine and bilateral hips is not medically necessary.