

<b>Case Number:</b>	CM14-0028613		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	04/26/2011
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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:

The injured worker is a 50-year-old female who reported an injury 04/26/2011. The injury reported was when the injured worker was moving heavy boxes. The treatments included medication, MRI, trigger point injections. The diagnoses included; cervical spine herniated nucleus pulposus, right carpal tunnel syndrome, shoulder impingement, lumbar spine herniated nucleus pulposus and costochondritis, stress, anxiety, depression, sleep deprivation. Within the clinical note dated 04/09/2014, it was reported the injured worker complained of severe and debilitating pain in her low back radiating down her lower extremity. On the physical examination, the provider noted tenderness to palpation of the posterior cervical spine musculature, trapezius, medial scapular and some occipital region. The provider noted multiple trigger points and taut bands palpated throughout. Range of motion of the cervical spine was flexion at 30 degrees and extension at 30 degrees. Upon examination of the lumbar spine, the provider noted tenderness to palpation of the lumbar paravertebral musculature and sciatic notch region. The provider indicated the injured worker had trigger points and taut bands with tenderness to palpation noted throughout. The range of motion of the lumbar spine was flexion at 45 degrees and extension at 15 degrees. The provider indicated that the injured worker had decreased sensation along the posterior lateral thigh and posterior lateral calf bilaterally in the L5 distribution. The provider requested physical therapy of the lumbar spine and physical therapy of the right shoulder. However, a rationale was not provided for clinical review. The request for authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY FOR THE LUMBAR SPINE FOR A TOTAL OF EIGHT (8) SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines DEFINITIONS- FUNCTIONAL IMPROVEMENT Page(s): 9.

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

**Decision rationale:** The request for physical therapy for the lumbar spine, 8 sessions is not medically necessary. The injured worker complained of severe and debilitating pain in her low back radiating down her lower extremity. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, indurations, function and range of motion. The guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. The guidelines note for neuralgia, myalgia, 8 to 10 visits of physical therapy are recommended. There not enough documentation indicating that the injured worker has had a previous course of physical therapy. There is not enough documentation included an adequate and complete physical examination demonstrating the injured worker had decreased functional mobility, decreased strength or flexibility. Therefore, the request is not medically necessary.

**PHYSICAL THERAPY FOR THE RIGHT SHOULDER, FOR A TOTAL OF SIX (6) SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

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

**Decision rationale:** The request for physical therapy to the right shoulder for 6 sessions is not medically necessary. The injured worker complained of severe and debilitating pain in her low back radiating down her lower extremity. The California MTUS Guidelines note that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function and range of motion. The guidelines allow for fading of treatment frequency plus active self directed at home physical medicine. The guidelines note for neuralgia, myalgia, 8 to 10 visits of physical therapy are recommended. There is not enough documentation indicating if the injured worker had undergone prior physical therapy. The documentation submitted did not include an adequate and complete physical examination demonstrating the injured worker had decreased functional mobility, decreased strength or flexibility. Therefore, the request is not medically necessary.