

<b>Case Number:</b>	CM14-0029283		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	05/24/2013
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 PM&R, Pain Management, has a subspecialty in Interventional Spine, 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 patient presents with lower back pain and neck pain. The treater has asked for physical therapy 3x4 weeks cervical and lumbar spine on 7/22/13. Patient is using a walker to ambulate as of 5/10/13. Review of the report shows patient had 3 sessions of physical therapy between 7/25/13 and 8/5/13. The 8/5/13 physical therapy report states patient can walk up 4 steps of stairs, still needs home assistance for housechores, and still fearful of trusting legs for balance. Patient has no history of surgeries to the L-spine/C-spine. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, patient has remaining functional deficits from original injury, despite conservative treatment including 3 physical therapy sessions. Requested 12 sessions of physical therapy, however, exceeds MTUS guidelines for this type of condition. Recommendation is for denial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy times twelve (12):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder (Post-surgical MTUS Page(s): 26,27.

**Decision rationale:** This patient is status post right rotator cuff repair with distal clavicular incision on 11/26/2013. Patient indicates that the pain is steadily improving as well as range of motion, and he feels much better. Treater recommends continued supervised therapy as well as home exercises. The request is for additional therapy for 12 sessions. Review of the reports shows that the patient has had 12 sessions thus far following shoulder surgery. MTUS guidelines for post-op therapy recommend up to 24 sessions following rotator cuff repair/impingement syndrome. In this case, requested additional 12 sessions appear reasonable and consistent with what is allowed per MTUS guidelines. Recommendation is for authorization.