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| <b>Case Number:</b>   | CM14-0031591 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 04/29/2011 |
| <b>Decision Date:</b> | 08/13/2014   | <b>UR Denial Date:</b>       | 03/04/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/12/2014 |

### 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 Oklahoma and Texas. 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 44-year-old male who reported an injury on 04/29/2011 caused by an unspecified mechanism. Prior treatment included chiropractic treatment, steroid injections and an MRI. On 04/06/2013, the injured worker underwent a tractable discogenic back and leg pain secondary to multifocal lumbar disc degeneration herniation. Facet synovitis with facet syndrome multifocal lumbar spine with radiculitis posterior primary branch innervation from posterior primary to facet joints multifocal lumbar spine. On 05/16/2013 the injured worker complained of right shoulder constant burning, itching pain that travels up to the head and down to the low back. His pain level was rated at 8/10. There were no medications listed for the injured worker. On the physical examination of the right shoulder, flexion was 36 degrees, extension was 42 degrees, abduction was 8 degrees, adduction was 12 degrees, external rotation was 7 degrees, and internal rotation was 23 degrees. The diagnosis included lumbar discopathy, shoulder synovitis/bursitis/tenosynovitis. The rationale was not provided. The request was for 12 initial physical therapy sessions for the right shoulder and lower back. The authorization for the request was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Initial physical therapy sessions for the right shoulder and low back:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines.

**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 right shoulder and low back is non-certified. The California MTUS Guidelines may support 9-10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The diagnosis included lumbar discopathy, shoulder synovitis/bursitis/tenosynovitis. The injured worker does have functional deficits; however, the request for 12 initial physical therapy sessions will exceed the recommended amount of treatment for physical therapy on the right shoulder and low back. Given the above, the request for physical therapy and the low back is non-certified.