

<b>Case Number:</b>	CM14-0032331		
<b>Date Assigned:</b>	05/05/2014	<b>Date of Injury:</b>	12/27/2007
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 and 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:

This 50 year-old male maintenance worker sustained an injury to the right shoulder and low back on 12/27/07 while employed by [REDACTED]. Request(s) under consideration include 18 Physical Therapy sessions for right shoulder and 18 Physical Therapy sessions for lumbar spine. Report of 12/10/13 from the provider noted the patient with complaints of right shoulder pain radiating down the arm to the hand rated at 3/10 and radicular low back pain to the left knee rated at 8/10 with associated numbness and tingling of bilateral lower extremities. Medications, rest, and activity restriction alleviate pain. There is notation the patient underwent lumbar spine fusion surgery in August 2011 and right shoulder arthroscopy in 2010. Exam noted right shoulder with tenderness at delto-pecto-ral groove and at supraspinatus insertion; range with mild limitation of flex and abduction at 170/170 degrees; sensation diffusely slightly diminished at all C5-T1 dermatomes with 4/5 motor strength in all muscle groups; and DTRs of 2+. Lumbar spine showed restricted range in all planes; palpable tenderness at lumbar paraspinal muscles; straight leg raises positive at 40 degrees bilaterally; sensory decreased diffusely at L4-S1 with 4/5 motor strength throughout with DTRs 2+ bilaterally. Diagnoses included right shoulder sprain/strain and s/p lumbar spine surgery with residual pain. Treatment plan included multiple pain medications, x-rays, TENS unit, physical therapy, acupuncture, shockwave therapy, neurology referral, MRI of right shoulder and lumbar spine, EMG/NCS of right upper and bilateral lower extremities; and Work hardening program. The requests for 18 visits of physical therapy for the right shoulder and lumbar spine were modified for 6 sessions on 1/15/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 PHYSICAL THERAPY SESSIONS FOR RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The employee reported therapy helping; however, without clear specific functional improvement in ADLs, work status, or decrease in medication and utilization without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support further treatment. The 18 Physical Therapy sessions for right shoulder is not medically necessary and appropriate.

**18 PHYSICAL THERAPY SESSIONS FOR LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The employee reported therapy helping; however, without clear specific functional improvement in ADLs, work status, or decrease in medication and utilization without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support further treatment. The 18 Physical Therapy sessions for lumbar spine is not medically necessary and appropriate.