

<b>Case Number:</b>	CM14-0034608		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/24/2011
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 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 is a 48-year-old male who sustained a remote industrial injury on 05/24/11 diagnosed with lumbar disc disease, lumbar radicular signs and symptoms, thoracic disc disease, left hip pain, left shoulder pain, left arm pain, and concussion. The mechanism of injury occurred when the mover of a roller-mowing machine slipped on the steep incline, causing injury to the patient's head including contusions of orbital tissues, elbow, and hip. The most recent progress note provided is 03/27/14. The patient complains primarily of flaring low back and mid-back pain rated as an 8/10 due to the patient returning to full work duty. The physical exam findings reveal decreased range of motion of the lumbar spine; blunting to pin on the left leg in L4-5 and L5-S1 distributions upon sensory examination; and knee and ankle reflexes are hyporeflexic bilaterally. Otherwise, objective findings are unremarkable. Current medications are not specifically listed. It is noted that Neurontin and an nonsteroidal anti-inflammatory drugs (NSAIDs) provide relief and the patient benefits from PT. Provided documents include several Certification/Non-certification notices regarding physical therapy sessions for the thoracic/lumbar spine, revealing a total of 12 certified sessions, several previous progress reports, and a Supplemental Agreed Medical Evaluation Report that outlines the patient's modified work restrictions. One previous progress report, dated 01/20/14, documents a 50% decrease in the patient's range of motion of the cervical spine and lists the patient's medications as Gabapentin 300mg, Naproxen, and Tramadol. The treating physician requests six visits of physical therapy for flaring neck pain but this pain is not documented in the subjective findings or corroborated in the objective findings. The patient's previous treatments include physical therapy, chiropractic therapy, and medications. Imaging studies are not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT Neck, L Shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), July 2012, Neck and Shoulder sections, Physical Therapy.

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

**Decision rationale:** According to the CA MTUS guidelines on physical medicine, active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. While active therapy is recommended and can produce better outcomes than passive therapy, there needs to be well-demarcated findings that reveal physical therapy can prove beneficial. In this case, the more recent progress reports do not identify the patient's neck or left shoulder as an area of complaint in the subjective findings. Further, there are no abnormal findings concerning the neck or left shoulder delineated during the physical exam. Without these subjective and objective findings, it is unclear how active therapy can provide benefit to the patient's flexibility, function, range of motion, and discomfort. Furthermore, the quantity and frequency of the requested therapy is not specified in this request. Thus, the request for PT for the Neck and left shoulder are not medically necessary.