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| <b>Case Number:</b>   | CM14-0039518 |                              |            |
| <b>Date Assigned:</b> | 06/27/2014   | <b>Date of Injury:</b>       | 02/18/2011 |
| <b>Decision Date:</b> | 07/29/2014   | <b>UR Denial Date:</b>       | 03/31/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/03/2014 |

### 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:

The patient is a 53 year old female who was injured on 02/18/2011. The mechanism of injury is unknown. Prior treatment history has included 12 sessions of chiropractic therapy and 6 visits of physical therapy. Ortho note dated 03/12/2014 states the patient presented with complaints of cervical spine pain and right shoulder pain. She continues to complain of lumbar spine pain. Objective findings on exam revealed positive Spurling test to the right side of the cervical spine and slight swelling over the right trapezial region. The right shoulder revealed impingement with Hawkins and Neer tests. She has weakness with forward elevation and abduction of the shoulder. The left shoulder revealed positive apprehension test, but the range of motion is full. The lumbar spine demonstrated diffuse paraspinous muscle tightness and tenderness. She has positive straight leg raise at the left side at 30 degrees. The patient is diagnosed with multilevel cervical discopathy, status post cervical fusion from C3 to C7; right shoulder superior labral anterior and posterior tear; right shoulder impingement syndrome with subacromial bursitis; left shoulder instability; status post left shoulder arthroscopy with subacromial decompression; and lumbar discopathy. The patient was recommended for 12 visits of physical therapy. Prior utilization review dated 03/31/2014 states the request for 12 Physical Therapy visits for the lumbar spine through Align Networks is not certified as there is no documentation indicating the necessity of this modality of treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical Therapy visits for the lumbar spine through Align Networks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): (98-99).. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Lumbar>, < Physical therapy>.

**Decision rationale:** According to the Official Disability Guidelines, physical therapy is allowed for fading of treatment from up to 3 or more visits per week to 1 or less, plus active self-directed home Physical Therapy (PT). In this case, the records indicate that the claimant has already received 12 chiropractic and 6 physical thereapy treatments. There is no documentation of any significant improvement in pain and function in order to demonstrate the efficacy of physical therapy in this patient. Furthermore, the claimant should have been started on self-directed home exercise program. Additionally, the patient has exceeded the recommended number of treatment sessions. Therefore, the request for twelve physical therapy visits for the lumbar spine through Align Networks is not medically necessary and appropriate.