

<b>Case Number:</b>	CM14-0041553		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 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 29-year-old female with a 6/10/13 date of injury. The mechanism of injury occurred when she was leaning forward across a table, her chair broke and she fell backwards hitting her right shoulder and her back against the wall, landing on the floor. According to a progress report dated 5/23/14, the patient complained of low back pain with pain radiating to her right groin area. It is noted that a patient has had 24 sessions of post-op physical therapy sessions previously certified in a UR decision dated 4/16/14. Objective findings: tenderness to palpation to the lumbar spine with muscle spasm noted, limited lumbar range of motion (ROM), positive Kemp's test. Diagnostic impression: right shoulder sprain/strain, shoulder sub-acromial decompression January 2014, lumbar spine disk bulges per MRI dated 4/30/14. Treatment to date: medication management, activity modification, interferential unit, physical therapy. A UR decision dated 3/5/14 denied the requests for 12 visits of physical therapy for multiple body parts and 12 visits of physical therapy for the right shoulder. A specific rationale for denial was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 12 visits for multiple body parts.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Shoulder Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. However, it is unclear what body part this physical therapy request is for. As a result, this request for physical therapy cannot be substantiated. Therefore, the request for Physical Therapy 12 visits for multiple body parts was not medically necessary.

**Physical Therapy 12 visits for Right Shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Shoulder Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114

**Decision rationale:** If post surgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the post surgical physical medicine period. It is noted that the patient has already had 24 post-operative physical therapy sessions certified after the date of this UR decision. There is no clear indication that the patient has completed all of the certified sessions with a transition to a home exercise program at this time. Therefore, the request for Physical therapy 12 visits for right shoulder was not medically necessary.