

<b>Case Number:</b>	CM14-0042136		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	05/19/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	03/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 23-year-old female who has submitted a claim for lumbago associated with an industrial injury date of May 19, 2012. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of left shoulder and low back pain. An MRI of the lumbar spine on 12/3/13 showed disc desiccation at L2-3 and slight narrowing at L5-S1. AN MRI of the left shoulder showed no evidence of tear and mild degeneration of the supraspinatus tendon. No physical examination from the recent progress notes was available. Treatment to date has included medications and HEP. Utilization review from March 29, 2014 denied the request for Twelve (12) additional physical therapy visits for the left shoulder and the lumbar spine because there was no objective documentation by the physician to support the need for physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) additional physical therapy visits for the left shoulder and the lumbar spine:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. The recommended number of visits for myalgia and myositis is 9-10 over 8 weeks and for neuralgia, neuritis and radiculitis is 8-10 visits over 4 weeks. In this case, the current status of the patient is not known because of the absence of records of physical examination in the recent progress notes. Moreover, the requested number of visits exceeds the guideline recommendations. There was no rationale provided to justify going beyond the guideline recommendations. Therefore, the request for Twelve (12) additional physical therapy visits for the left shoulder and the lumbar spine are not medically necessary.