

<b>Case Number:</b>	CM14-0044728		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/01/2013
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 57-year-old male with a date of injury of 07/01/2013. The listed diagnoses are annular tear with discopathy, L4-L5 and L5-S1; cervical discopathy, C5-C6; Left hip subchondral degenerative cystic changes consistent with anterior labral tear; and left shoulder AC arthrosis and type II SLAP tear. According to the progress report from 01/15/2014 by [REDACTED], the patient presents with neck and back pain. He is also having a fair amount of pain with regards to his left thigh. Examination noted tenderness at the thoracolumbar junction as well as the lumbosacral junction. He is focally tender along the left hip and lateral thigh with numbness along the anterolateral thigh, left side. MRI of the left hip revealed subchondral cyst formation within the hip consistent with a labral tear. MRI of the left shoulder demonstrated moderate acromioclavicular joint degenerative changes with capsular hypertrophy. There is abnormal signal within the superior and anterior labrum consistent with type II SLAP. MRI of the thoracic spine is essentially unremarkable. The treating physician states due to the multiple parts being involved, more frequent and intensive physical therapeutic needs are required. He recommends the patient participate in additional physical therapy, twice a week for six weeks. Utilization review denied the request on 02/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 physical therapy sessions, 2x/wk for 6 weeks, lumbar spine, cervical spine, left shoulder, left knee, left hip: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98-99.

**Decision rationale:** For physical medicine, the MTUS Guidelines recommends for myositis and myalgia-type symptoms 9 to 10 visits over 8 weeks. In this case, the utilization review modified the certification from 12 visits to 8 sessions. Review of the reports suggests that the patient may have had 9 sessions of therapy following the 07/01/2013 injury. There are no reports of the patient's therapy history and progress. The request for 12 sessions exceeds what is recommended by MTUS for this type of condition. Therefore, the request for 12 sessions of physical therapy, twice a week for six weeks for the lumbar spine, cervical spine, left shoulder, left knee, and left hip is not medically necessary and appropriate.