

<b>Case Number:</b>	CM14-0045104		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	02/15/2012
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 60-year-old female who reported an injury on 02/15/2012. The mechanism of injury was noted to be the injured worker was walking towards the bathroom and fell on a ballpoint pen. The documentation of 02/28/2014 revealed the injured worker completed 4 sessions of physical therapy for her low back and started to receive benefit. However, she completed therapy. The injured worker indicated that further physical therapy would help. The injured worker had a lumbar epidural steroid injection in 12/2013 which helped reduce pain. Prior surgeries included a left shoulder surgery in 12/1998. The physical examination revealed the injured worker's gait was antalgic and she ambulated into the room without any assistance. The injured worker tenderness to palpation at the lumbosacral junction and decreased range of motion. The straight leg raise was positive in the left lower extremity at about 50%. The motor strength was 4/5 with right leg extension compared to left lower extremity and 4/5 with foot dorsiflexion compared to the right lower extremity. The treatment plan included a bilateral transforaminal lumbar epidural steroid injection, 12 sessions of physical therapy for the low back, and 12 sessions of physical therapy for the left shoulder. The diagnoses included lumbar disc displacement without myelopathy, and sprain/strain of the thoracic region, as well as lumbosacral spondylosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a weeks for 6 weeks for left shoulder and low back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back/Physical Medicine Guidelines and Shoulder/Physical Medicine Guidelines.

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

**Decision rationale:** The California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review indicated the patient had previously undergone physical therapy. There was a lack of documentation of objective functional benefit that was received. There was also a lack of documentation of objective findings to support the injured worker had functional deficits and was in need of physical therapy. There was no physical examination related to the shoulder. Additionally, the request would exceed guideline recommendations. Given the above, the request for physical therapy 2 times per week for 6 weeks for the left shoulder and low back is not medically necessary.