

<b>Case Number:</b>	CM14-0066488		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/16/2006
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 Nevada. 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 records, presented for review, indicate that this 65-year-old gentleman was reportedly injured on March 16, 2006. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 16, 2014, indicated that there were ongoing complaints of low back pain, left shoulder pain, and right leg pain. Current medications include Ultram, Norflex, Neurontin, Naprosyn, and Prilosec. The physical examination demonstrated improved range of motion of the left shoulder. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included physical therapy and a home exercise program. A request had been made for additional physical therapy for the right leg, neck, and low back once a week for four weeks and was not medically necessary in the pre-authorization process on May 1, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical therapy to neck, right leg and low back one time a week for four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-web based-<http://www.odg-twc.com/preface.htm#physicaltherapyguidelines>.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 201.

**Decision rationale:** A review of the attached medical record indicated that the injured employee has previously participated in physical therapy, and while this did help his left shoulder, it did not help the lower back. Furthermore, the injured employee has transitioned from physical therapy to a home exercise program. Considering this, the request for additional Physical Therapy for the Neck, Right Leg, and Lower Back once a week for four weeks is not medically necessary.