

<b>Case Number:</b>	CM14-0075822		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/13/2013
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Occupational Medicine 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 claimant was injured on 9/13/13 when he tripped over a box in a customer's cart. Physical therapy for 12 visits the cervical and lumbar spines and both shoulders is under review. On 10/16/13, he reported pain. His neck pain was worse with looking up or looking down and he had mild spasms. Overhead motion and repetitive work made his left shoulder hurt. He had lumbar spine pain with no radicular symptoms and it was worse with prolonged standing. He had decreased range of motion of the neck and low back with tenderness about the trapezius. Hawkin's sign was positive at the left shoulder. He appeared alert and moved comfortably without limitations. Due to his x-ray findings, transfer of care to Orthopedics was recommended. He was diagnosed with left shoulder impingement syndrome, thoracic strain, spondylosis and a low back (SI) strain. He was expected to return to work in 6 weeks. On 10/30/13, his condition was unchanged. His diagnoses were the same. He had been approved to see the orthopedic specialist on 11/04/13. He saw Dr. [REDACTED] on 11/04/13. He reported not receiving any physical therapy injections or MRIs. He had tried some ice and heat. He had constant aching pain in his left shoulder with decreased strength in the upper extremity. He had pain that went down into the forearms and he noted numbness. He had pain in his right shoulder and into his neck. He complained of constant aching low back pain that goes up to the mid back and occasional shooting pain down into the bilateral lower extremities. He had originally been referred to physical therapy on 10/24/13. He had minimal midline tenderness of the lower cervical region with mildly decreased range of motion. He had tenderness about both shoulders at the AC joints. His low back also had mild diffuse tenderness. His wrists and elbows had mild tenderness. Physical therapy was recommended for 12 visits and he was given medications. On 02/12/14, he was seen again and he finished 12 visits of physical therapy for his shoulders, neck, and low back. He reported mild improvement but still had ongoing symptoms. He had positive

Spurling's maneuvers, left greater than right, with some mild weakness of wrist flexion and extension and grip strength, left greater than right. He had mildly decreased range of motion of this thoracic spine with no focal neurologic deficits. MRI of the cervical spine was ordered and he was to continue his home exercises. On 03/26/14, he stated the previous physical Therapy (PT) for his low back was not helpful. He had ongoing pain. He had diffuse neck pain radiating into the upper extremities. His diagnoses were the same and he was to continue his home exercises. A cervical spine MRI was awaited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy for the lumbar spine, cervical spine and bilateral shoulders, three (3) times a week for four (4) weeks, QTY: twelve (12): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Treatment Page(s): 130.

**Decision rationale:** The history and documentation do not objectively support the request for an additional 12 visits of PT for the neck, bilateral shoulders, and low back. The claimant has attended PT for his injury and the MTUS state physical medicine treatment may be indicated for some chronic conditions and "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The notes indicate that he was advised to continue his home exercise program. There is no clinical information that warrants the continuation of a supervised exercise program PT for an extended period of time. There is no evidence that the claimant is unable to complete his rehab with his independent HEP as instructed and no indication that supervised exercises are likely to be more beneficial than independent exercise and self-management of symptoms. The medical necessity of the additional 12 visits of physical therapy has not clearly been demonstrated.