

<b>Case Number:</b>	CM14-0097901		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	06/25/2013
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 51 year old with a work injury dated 6/25/13. The diagnoses include cervical strain, lumbar strain and bilateral shoulder strain. Under consideration is a request for physical therapy, left shoulder 2x4 weeks QTY: 8; physical therapy, cervical spine 2x4 weeks QTY: 8; and physical therapy, lumbar spine 2 x 4 weeks QTY: 8. There is a spine consultation report dated 6/25/14 that states that the patient has been treated with chiropractic treatments for his lumbar spine and physical therapy for his bilateral shoulders. He sustained a cervical and lumbar strain as well as bilateral shoulder strain. He has completed a course of physical therapy for his shoulders but still complains of significant trapezial pain and low back pain. On exam there is 4/5 strength in the wrist extensors. The sensation is intact to light touch intact in bilateral upper extremities. Reflexes are 2+ and symmetric. There is a negative Hoffman's and clonus. Spurling's test is negative bilaterally. Phalen's Test is negative bilaterally. Elbow Flexion Test is negative bilaterally. No atrophy in the upper or lower extremities of the muscles. There is decreased cervical and lumbar range of motion. Sensation to light touch is intact in bilateral lower extremities. Reflexes are 2+ at the knees and 2+ ankles bilaterally. Straight leg raise is negative bilaterally. The patient will obtain x-rays of the cervical spine and lumbar spine with flexion/extension views to rule out spondylolisthesis and instability. There is a request for authorization for physical therapy to be done twice weekly for eight weeks for the cervical and lumbar spine where he has significant tenderness to palpation of the paraspinous muscles that is causing limited range of motion. The document states that although the cervical spine is not an accepted body part his neck and trapezial musculature was injured at the time of his fall. There is a request that the cervical spine be an accepted body part and for authorization for treatment in the way of flexion/extension x-rays and physical therapy for the cervical spine. A 3/13/14 office

visit document states that the patient has back pain, bilateral shoulder pain, neck pain. His main pain is in his low back and bilateral shoulders, left more than right. The treatment plan stated is to include physical therapy. There is a 5/17/14 document that states that the patient complains of back pain, bilateral shoulder pain, neck pain. On exam there is tenderness on palpation of the cervical paraspinal and trapezial muscles on the left more than right. Shoulder pain reproduced with cervical extension. There is significant tenderness with palpation of the lower lumbar spinous processes and paraspinous. There is a request for cervical imaging. Per documentation the patient completed 26 PT visits by 4/17/14. The request for more therapy is from a physical therapy vendor (dated 4/30/14).

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

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

**Physical Therapy, Left shoulder 2x a week for 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical therapy guidelines.

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

**Decision rationale:** Physical Therapy for the Left shoulder 2x4 weeks is not medically necessary. The documentation indicates that the patient has had 26 visits of physical therapy already. This exceeds the guideline recommendations for up to 10 visits for this condition. The patient should be well versed in a home exercise program. There are no extenuating circumstances that require a formal supervised therapy program at this point. The request for physical therapy left shoulder 2 x 4 weeks is not medically necessary.

**Physical Therapy, Cervical Spine 2x a week for 4 weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine p.98-99 Page(s): 98-99.

**Decision rationale:** Physical Therapy, Cervical Spine 2x4 weeks is not medically necessary per the MTUS guidelines. The documentation indicates that the patient has had 26 visits of physical therapy already. This exceeds the guideline recommendations for up to 10 visits for this condition. The patient should be well versed in a home exercise program. There are no extenuating circumstances that require a formal supervised therapy program at this point. The request for physical therapy, cervical spine 2 x 4 weeks is not medically necessary.

**Physical Therapy, Lumbar spine 2x a week for 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical therapy guidelines.

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

**Decision rationale:** Physical Therapy for the lumbar spine 2x4 weeks is not medically necessary per the MTUS guidelines. The documentation indicates that the patient has had 26 visits of physical therapy already. This exceeds the guideline recommendations for up to 10 visits for this condition. The patient should be well versed in a home exercise program. There are no extenuating circumstances that require a formal supervised therapy program at this point. The request for physical therapy, lumbar spine 2 x 4 weeks is not medically necessary.