

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0021252 |                              |            |
| <b>Date Assigned:</b> | 10/11/2013   | <b>Date of Injury:</b>       | 06/22/2011 |
| <b>Decision Date:</b> | 03/27/2015   | <b>UR Denial Date:</b>       | 08/22/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/04/2013 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

### 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 63 year old male, who sustained an industrial injury on 6/22/11. On 9/4/13, the injured worker submitted an application for IMR for review of PT 3xwk x 4wks lumbar spine. The treating provider has reported the injured worker complained of low back pain and right shoulder pain. Status post right shoulder surgery and continuing home exercise program with medications. The diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc, other affections shoulder region NEC, rotator cuff sprain and strain, complete rupture of rotator cuff. Treatment to date has included MRI lumbar spine (11/7/11, x-rays lumbar spine (1/14/13 and 1/31/14), status post lumbar laminectomy/decompression foraminal stenosis (1/31/13), post-operative physical therapy, status post right shoulder arthroscopy 9/5/12), MRI arthrogram (6/20/13). On 8/22/13 Utilization Review non-certified PT 3xwk x 4wks lumbar spine. The MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT 3XWK X 4WKS LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 25-26.

**Decision rationale:** Physical therapy in the form of passive therapy for the lower back is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back myalgia-type pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, the worker had completed multiple sessions of supervised physical therapy, including 12 sessions (at least approved) for post-lumbar surgery. Post-Surgical Treatment Guidelines suggest up to 16 sessions over 2 months after laminectomy. Since the worker has surpassed the duration of physical therapy allowance following the surgery, and at least surpassed the maximum for chronic pain, since this request is far removed from the time of surgery, the request for additional physical therapy (X12) is not medically necessary. Focusing on refining home exercises should be the mainstay for physical medicine at this point in his care.