

<b>Case Number:</b>	CM14-0134685		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	12/16/2012
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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. 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 35 year old male, who sustained an industrial injury on 12/16/12. He reported right shoulder pain. The injured worker was diagnosed as having exacerbation of the right shoulder symptoms, cervical spine multilevel disc dislocation, broad-based disc protrusion at C3-4 with annular tear, multilevel disc protrusion from L4-S1 without significant impingement exiting nerve roots, right shoulder impingement syndrome, and right elbow strain. Treatment to date has included medications. Currently, the injured worker complains of cervical spine, lumbar spine, right shoulder and right elbow pain. The treating physician requested authorization for physical therapy 2x6 for the lumbar spine as an outpatient. The injured worker had been intolerant to other treating including activity restrictions, medication, and home exercise and does remain significantly symptomatic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PHYSICAL THERAPY VISITS 2X6 TO THE LUMBAR SPINE, AS AN OUTPATIENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26 Page(s): 58-60.

**Decision rationale:** The injured worker is a 35 year old male, who sustained an industrial injury on 12/16/12. He reported right shoulder pain. The injured worker was diagnosed as having exacerbation of the right shoulder symptoms, cervical spine multilevel disc dislocation, broad-based disc protrusion at C3-4 with annular tear, multilevel disc protrusion from L4-S1 without significant impingement exiting nerve roots, right shoulder impingement syndrome, and right elbow strain. Treatment to date has included medications. Currently, the injured worker complains of cervical spine, lumbar spine, right shoulder and right elbow pain. The treating physician requested authorization for physical therapy 2x6 for the lumbar spine as an outpatient. The injured worker had been intolerant to other treating including activity restrictions, medication, and home exercise and does remain significantly symptomatic.