

<b>Case Number:</b>	CM14-0186706		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	04/30/2009
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 injured worker is employee who has filed a claim for chronic shoulder and low back pain reportedly associated with April 3, 2009. Thus far, the injured worker has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; lumbar support, and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 30, 2014, the claims administrator denied a request for six sessions of physical therapy stating that the attending provider did not furnish much information about how much prior treatment the injured worker had or had not had. The injured worker's attorney subsequently appealed. In an August 21, 2014 progress note, the injured worker reported ongoing complaints of low back pain, 6 to 7/10. The injured worker was status post epidural steroid injection therapy, it was acknowledged. Lumbar support was endorsed. Physical therapy was endorsed. The injured worker's work status was not clearly stated. In a June 12, 2014 progress note, the injured worker reported ongoing complaints of low back pain, severe, with radiation of pain to the bilateral lower extremities. Epidural steroid injection therapy was sought. It was stated that the injured worker had failed physical therapy, manipulative therapy, and home exercise. Norco, Fexmid, Motrin, and drug testing were endorsed. The remainder of the file was surveyed. The September 29, 2014, RFA form on which the article in question was sought was not incorporated into the independent medical review packet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x a week x 3 weeks for the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (updated 08/27/14) Physical Therapy, Rotator Cuff Syndrome / Impingement Syndrome.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 8.

**Decision rationale:** As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. However, the injured worker's response to earlier physical therapy treatment was not clearly outlined as well as the work and functional status was unknown. The MTUS Guideline in ACOEM Chapter 3, page 48, further stipulates that it is incumbent upon a prescribing provider to furnish a prescription for physical therapy, which "clearly states treatment goals." In this case, clear treatment goals were not furnished. However, it is acknowledged that the September 29, 2014 Request for Authorization (RFA) form on which the article in question was sought was seemingly not incorporated into the independent medical review packet and the information provided fails to support or substantiate the request. Therefore, the request is not medically necessary.