

<b>Case Number:</b>	CM14-0190059		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	06/09/2012
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Interventional Spine 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 patient is a 46 year old female with an injury date of 06/09/12. Based on the 09/16/14 progress report provided by treating physician, the patient complains of left thoracic spine pain with radiation to the anterior shoulder, lower neck and axillary rated 8/10. Treater states that patient has left rotator cuff tear confirmed by MRI. Patient has tried conservative care including physical therapy, chiropractic and bed rest with some minimal improvement more than a year ago. Physical examination to the lumbar spine revealed mild spasm and tenderness to palpation to the paraspinals and SI joint. Range of motion was painful and restricted, especially on lateral flexion. Positive facet loading bilaterally. Thoracic MRI was done 09/15/13 shows central disc herniation at T5-6 with no lateralization or root compression. Per Request for Authorization form dated 10/10/14, treater is requesting 4-8 sessions of physical therapy to the lumbar spine. Patient started on Tramadol 09/16/14. Diagnosis 09/16/14 thoracic disc degeneration, pain in the thoracic spine, pain in the shoulder joint, impingement syndrome, rotator cuff tear. The utilization review determination being challenged is dated 10/24/14. The rationale is "limited information regarding the number of completed visits to date as well as the date of the last treatment visit" Treatment reports were provided from 01/21/14 - 09/16/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for Lumbar:** Overturned

**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 Page(s): 98-99.

**Decision rationale:** The patient presents with left thoracic spine pain with radiation to the anterior shoulder, lower neck and axillary rated 8/10. The request is for PHYSICAL THERAPY FOR LUMBAR. Patient's diagnosis dated 09/16/14 included thoracic disc degeneration, pain in the thoracic spine, pain in the shoulder joint, impingement syndrome, and rotator cuff tear. Physical examination to the lumbar spine on 09/16/14 revealed mild spasm and tenderness to palpation to the paraspinals and SI joint. Range of motion was painful and restricted. Thoracic MRI done 09/15/13 shows central disc herniation at T5-6 with no lateralization or root compression. Patient started on Tramadol 09/16/14. MTUS pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." UR letter dated 10/24/14 states "...limited information regarding the number of completed visits to date as well as the date of the last treatment visit..." However, per treater report dated 09/16/14, patient "has tried conservative care including physical therapy, chiropractic and bedrest with some minimal improvement more than a year ago." Per Request for Authorization form dated 10/10/14, treater is requesting 4-8 sessions of physical therapy to the lumbar spine. Given that it has been awhile and the patient's persistent symptoms, another short course of 8 sessions would appear reasonable to address the patient's symptoms. The request IS medically necessary.