

<b>Case Number:</b>	CM14-0197680		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	02/18/2013
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Family Practice, has a subspecialty in ENTER SUBSPECIALTY and is licensed to practice in Pennsylvania. 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:

This worker sustained an injury on February 18, 2013 in which he was bending over pulling dough out of a tub with his right arm resulting in a pop to his right shoulder and pain to his neck, shoulder and lumbar spine. He continues to have lumbar spine pain and right shoulder pain. He had a right shoulder arthroscopy with subacromial decompression and debridement on December 9, 2013. According to the November 6, 2014 primary treating physician's progress report, he had physical therapy but the physical therapy has not really helped his back. He had a lumbar spine epidural on August 18, 2014 which did give him some relief of his pain in his right lower extremity but he still has low back pain and has not had a core strengthening program. Diagnoses include lumbago, cervicgia, right rotator cuff tear, and right shoulder AC joint arthrosis with impingement. Medications include Norco, Meloxicam and Colace. 12 sessions of physical therapy to address core strengthening is requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions of physical therapy for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Physical Therapy.

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

**Decision rationale:** Therapeutic exercise is beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. It may require supervision from a therapist to provide verbal, visual and/or tactile instructions. Patients are instructed and expected to continue active therapies at home therefore physical medicine guidelines allow for fading of treatment frequency to transition to a self-directed home physical medicine program. The MTUS physical medicine guidelines state 9-10 visits over 8 weeks for myalgia and myositis and 8-10 visits over 4 weeks for neuralgia, neuritis radiculitis. The guidelines do not differentiate between core strengthening exercises and other exercises. Core strengthening exercises can be incorporated into the overall physical therapy program. This worker already had physical therapy from which he did not show improvement. While it may be reasonable to have additional therapy to address core strengthening if that was not addressed previously, it is not medically necessary to have the requested 12 sessions of physical therapy which is in excess of the guidelines, particularly in consideration of the fact that he had physical therapy for his low back previously.