

<b>Case Number:</b>	CM14-0198489		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	06/14/2014
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	10/27/2014
<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. 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: Physical Medicine & Rehabilitation

### 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 62 year old male sustained work related industrial injuries on January 9, 2014. The injured worker subsequently complained of left shoulder and arm pain. The injured worker was diagnosed and treated for near full thickness articular side supraspinatus tear, left shoulder, rotator cuff tendinosis secondary to subacromial impingement, left shoulder, symptomatic acromioclavicular arthritis, left shoulder and back pain. Treatment to date has included diagnostic studies, prescribed medications, physical therapy sessions, chiropractic treatment, consultations and periodic follow up visits. Per treating provider report dated 12/1/14, the injured worker currently complains of left shoulder pain. Physical exam revealed tenderness to palpitation of left shoulder. Documentation noted no effusion or crepitus with range of motion assessment. Neer's test, Hawkin's sign and O'Brien's sign were all positive. Strength, stability and neurological assessment were normal. The treating physician prescribed services for physical therapy 2x6 weeks now under review. On December 11, 2014, the Utilization Review (UR) evaluated the prescription for physical therapy 2x6 weeks. Upon review of the clinical information, UR non-certified the request for physical therapy 2x6 weeks, noting the lack of clinical documentation to support medical necessity for additional physical therapy. The MTUS was cited. On January 5, 2015, the injured worker submitted an application for IMR for review of physical Therapy 2x6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x wk x 4wks lumbar spine (total 8 sessions): 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) Low back, Physical therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): pp 98-99.

**Decision rationale:** The injured worker presents with chronic low back pain with evidence of lumbar disc herniation at L4-5 with concomitant bilateral neural foraminal degenerative changes. Diagnostic testing did not demonstrate evidence of lumbar radiculopathy. Request is being made for 12 physical therapy visits. Records indicate that the injured worker was making apparent improvement with physical therapy for lumbar strain. For the diagnoses of myalgia and myositis, MTUS guidelines recommends 9-10 visits of physical therapy over 8 weeks. Request for 12 visits exceeds the cited MTUS guidelines and is therefore not medically necessary.