

<b>Case Number:</b>	CM14-0205951		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	05/16/2003
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 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:

This is a 59 years old male patient who sustained an injury on 5/16/2003. He sustained the injury when he fell partially through some plywood. The current diagnoses include low back pain, bilateral shoulder pain, neck pain, right elbow pain and right knee pain. Per the doctor's note dated 11/4/14, he had complaints of low back pain and neck pain. The physical examination revealed slight decrease range of motion of the cervical spine in all planes, increased pain greatest with rotation to the right and mild to moderate tenderness to palpation in the paraspinal muscles of the cervical spine. The medications list includes Norco. He has had Cervical spine MRI dated 6/24/2013 which showed mild stenosis at C5-6 more than C6-7 and severe left and moderate right narrowing at C3-4 and C4-5; MRI of the lumbar spine dated 6/24/2013 which revealed a right laminotomy at S1-2 and resection of the extruded disc at L3-4 with moderate left foraminal stenosis; an MRI of the left shoulder dated 9/6/2013 which revealed partial-thickness tear (supraspinatus, infraspinatus), osteophytic spurring of the AC joint and glenohumeral osteoarthritis. He has undergone lumbar discectomy at L3-L4, L4-5 and L5-S1 bilateral foraminotomies on 3/22/04 and left shoulder arthroscopic decompression in 11/2003. He has had unspecified number of physical therapy visits; acupuncture visits, psychotherapy; Hwave and epidural injections for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

**Decision rationale:** The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. He has had unspecified number of previous physical therapy sessions for this injury. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visit notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. "A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of physical therapy for the lumbar spine is not established for this patient at this time.