

<b>Case Number:</b>	CM14-0034969		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	10/10/2011
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 and Pain Management, 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 42 year old male with an injury date of 10/10/11. Based on the 12/09/13 progress report, the patient complains of left shoulder pain. His pain limits his ability to do his ADL's and he rates his pain as a 7/10. The straight leg raise causes tightness in the back. There is tenderness over the rhomboids and lower LS facet joints. The 01/20/14 report indicates that the patient has no new pain and does not provide any positive exam findings. The 02/24/14 report also states that the patient has no new problems and continues to rate her pain as a 7/10. There is tenderness over the cervical facet joints and trapezius. The patient's diagnoses include the following: Cervicalgia/neck pain, Back pain, lowerLeft shoulder, joint pain, Ankle, foot pain in joint, Poor coping with chronic pain and disability, Thoracic pain. The utilization review determination being challenged is dated 03/07/14. Treatment reports were provided from 10/07/13- 03/31/14. Reports provided were brief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with neck pain, low back pain, left shoulder pain, ankle pain, and thoracic pain. The request is for physical therapy for the lumbar spine (no amount indicated). The utilization review denial letter states that the "claimant has had prior physical therapy/rehabilitative intervention, however the total number is unknown." None of the progress reports provided discuss any physical therapy the patient may have had. 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 continues to state that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In this case, the utilization review denial letter indicates that the patient has had physical therapy before. The number of completed therapy visits to date and the objective response to therapy were not documented in the medical reports submitted for this request. This patient's date of injury is 10/10/11. The patient has participated in an unknown number of physical therapy since then. Recommendation for additional physical therapy cannot be supported as the treater provides no discussion of why the patient would not be able to address any residual issues with a self directed home exercise program. There is no report of new injury, new surgery or new diagnosis that could substantiate the current request. The requested physical therapy for the lumbar spine is not medically necessary.