

<b>Case Number:</b>	CM14-0044134		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	11/29/2013
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 43 year old patient with date of injury of 11/29/2013. Medical records indicate the patient is undergoing treatment for chronic low back pain, chronic neck pain, left knee pain, left shoulder pain and obesity. Subjective complaints include pain 8-10/10 in neck, back, shoulder and knee and anxiety. Objective findings include diffuse tenderness to palpation of the lumbar spine; limited range of motion; cervical tenderness to palpation diffusely over the bilateral trapezii and cervical facet joints; Waddell signs are positive for reproduction of low back pain; left acromioclavicular joint tenderness diffusely; negative O'Brien, Neer and Speed; painful left thumb-down abduction and straight-let raise normal. Treatment has consisted of physical therapy, knee immobilizer, Norco and Ibuprofen. MRI of the right shoulder: mild subacromial bursitis, no evidence of rotator cuff tears. MRI of the left shoulder: subacromial bursopathy and subscapularis and supraspinatus tendinopathy, otherwise, rotator cuff is intact, with no evidence of glunohumeral arthritis. MRI of left knee: small effusion, mild edema of fat bad, consistent with contusion. MRI of lumbar spine: L4-5 and L4-S1 spondylosis, bilateral facet arthropathy, increasing stenosis of the vertebral body of L4-5, consistent with artifact. MRI of the cervical spine: No significant disc protrusion or foraminal/central stenosis, no deformity. The utilization review determination was rendered on 03/27/2014 recommending modification of Outpatient physical therapy twelve visits two visit per week for six weeks, to lower back, neck, left knee and left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Physical Therapy twelve visits two visit per week for six weeks, to lower back, neck, left knee and left shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 65-194; 287-315; 196-219. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy, ODG Preface - Physical Therapy

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." ODG does recommend that post-surgical thoracic/lumbar physical therapy range from 16-30+ sessions over 8-16 weeks. The request for 12 sessions is in excess of guidelines recommendation for a six-visit clinical trial with outcomes. As such, the request for Outpatient physical therapy twelve visits two visit per week for six weeks, to lower back, neck, left knee and left shoulder is not medically necessary.