

<b>Case Number:</b>	CM15-0000349		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	10/01/2013
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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: Arizona, California  
Certification(s)/Specialty: Family Practice

### 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 injured worker is a 33 year old male, who sustained an industrial injury on October 1, 2013. He has reported lower back pain and right hip pain. The diagnoses have included acute lumbar spine strain, multilevel disc bulges of the lumbar spine, and right shoulder strain. Treatment to date has included physical therapy, chiropractic, and medications. He had completed at least 17 sessions of physical therapy and 6 sessions of chiropractor therapy in 2013. A progress note on 10/1/14 indicated the claimant had full range of motion of the lumbar spine and right shoulder with only slight tenderness in both areas. Currently, the injured worker complains of ongoing lower back and right shoulder pain. The treating physician is requesting physical therapy three times a week for four weeks, for a total of twelve sessions based on the recommendation from the QME. On December 2, 2014 Utilization Review partially certified the request for physical therapy with an adjustment for the total number of sessions, citing the ACOEM Guidelines and ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week for 4 weeks for the lumbar spine and right shoulder (qty: 12): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines (lumbar)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 204,,Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits: Myalgia and myositis, unspecified 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. Consequently, additional therapy sessions are not medically necessary. In this case, the claimant completed numerous prior therapy sessions exceeding the limit of the recommendations of the guidelines. There is no indication that additional exercises cannot be completed at home. In addition, the claimant has achieved significant range of motion without restrictions in October 2014. The request for additional therapy is not medically necessary.