

<b>Case Number:</b>	CM15-0003559		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	12/10/2013
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: 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:

The injured worker is a 75 year old male, who sustained an industrial injury on December 10, 2013. He has reported that he lost his footing and fell striking his head and having pain to the head, neck, right shoulder, right upper extremity, back, right ribs and both hips and legs. The diagnoses have included cervical spine sprain/strain with possible internal derangement, right shoulder surgery with residual symptoms, right wrist sprain/strain, lumbar spine sprain/strain with possible internal derangement and clinical bilateral lower extremity radiculopathy. Treatment to date has included right shoulder surgery and pain medications. Currently, the injured worker complains of persistent pain and stiffness to the right shoulder, neck and lumbar spine with radiculopathy to both legs. The injured worker reported pain to the right wrist and hand. On examination, the injured worker hand tenderness and a decreased range of motion to the cervical spine, the right shoulder, the right wrist and the lumbar spine. The evaluating physician recommended twelve visits of physical therapy. On December 23, 2014 Utilization Review non-certified a request for twelve sessions of physical therapy to the right shoulder and to the lumbar spine, noting that a home exercise program is adequate and recommended by the guidelines. The California Medical Treatment Utilization Schedule was cited. On January 8, 2015, the injured worker submitted an application for IMR for review of twelve sessions of physical therapy to the right shoulder and to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 12 sessions, right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** The patient presents with pain in his neck, right shoulder radiating to the right wrist and lower back pain radiating to both legs. The request is for PHYSICAL THERAPY 12 SESSIONS, RIGHT SHOULDER. Patient is status post right shoulder surgery, date unspecified. Examination to the right shoulder revealed tenderness to palpation over the surgical site and proximal humerus with limited range of motion. Based on the 12/12/14 progress report, patient is to remain off work until 01/09/15. 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 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." The treater has not provided documentation or discussion on why additional physical therapy is needed, nor indicated why patient cannot move on to home therapy program. According to the 10/20/14 UR letter patient had completed 12 physical therapy to date and the most recent physical therapy note indicated the patient's range of motion of the right shoulder was within functional limits. The request for additional sessions of physical therapy would exceed guideline recommendation for the patient's condition. Therefore, the request IS NOT medically necessary.

**Physical Therapy 2 times a week for 6 weeks - Lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** The patient presents with pain in his neck, right shoulder radiating to the right wrist and lower back pain radiating to both legs. The request is for PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS - LUMBAR. Patient is status post right shoulder surgery, date unspecified. Physical examination to the lumbar spine on 06/06/14 revealed tenderness to palpation over the paraspinal musculature of the lumbosacral spine with referred pain to both buttocks and lower extremities, worse on the Left. Based on the 12/12/14 progress report, patient is to remain off work until 01/09/15. 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 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater has not provided

reason for the request, treatment history, nor indicated why patient cannot move on to home therapy program. There are no previous records of physical therapy for the lumbar spine, thus, a short course of physical therapy would be indicated. However, the request for 12 sessions of physical therapy would exceed guideline recommendation for the patient's condition. Therefore, the request IS NOT medically necessary.