

<b>Case Number:</b>	CM15-0108532		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	12/15/2014
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 49-year-old female, with a reported date of injury of 12/15/2014. The diagnoses include low back injury, lumbar spine sprain, and right shoulder sprain. Treatments to date have included physical therapy, and steroid injection to the right shoulder. The progress report dated 04/27/2015 indicates that the injured worker's low back pain had much improved. She still had mild muscle discomfort with prolonged standing, but physical therapy was helping. The injured worker's right shoulder was still painful with full range of motion. She had an injection to the right shoulder with mixed results. It was noted that she needed physical therapy for the right shoulder. The objective findings include mild tenderness to palpation of the anterior supraspinatus and proximal biceps of the right shoulder, right shoulder flexion at 150 degrees, right shoulder extension at 30 degrees, no radicular pain or spasm to the lumbar spine, lumbar spine flexion at 70 degrees, and lumbar spine extension at 20 degrees. The physical therapy reports were not included in the medical records provided for review. The treating physician requested additional physical therapy for the lumbar spine and right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 additional physical therapy for the lumbar spine and right shoulder:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Preface, Physical Therapy Guidelines (2) Shoulder (Acute & Chronic), physical therapy (3) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in December 2014 and continues to be treated for right shoulder and low back pain. Treatments have included 12 skilled physical therapy sessions. When seen, she was having ongoing shoulder and low back pain. Physical examination findings included decreased lumbar spine and right shoulder range of motion with mild shoulder tenderness. In this case, the claimant has already had therapy treatments. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. The number of requested additional skilled therapy services is in excess of that recommended or what would be needed to establish or revise the claimant's home exercise program. Therefore, the requested therapy was not medically necessary.