

<b>Case Number:</b>	CM15-0131780		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	08/26/1997
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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, 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 60 year old female who sustained an industrial injury on 09/26/1997. Mechanism of injury occurred when she was kicked by a student with injuries to her neck, back, shoulders, elbows, wrists, rib cage and left knee. Diagnoses include shoulder pain-status left shoulder surgery x 2, lumbar spine degenerative disc disease and degenerative joint disease, cervical spine degenerative disc disease and degenerative joint disease, and hypertension. Treatment to date has included diagnostic studies, medications, injections, use of a Transcutaneous Electrical Nerve Stimulation unit, physical therapy; status post left shoulder surgery times 2, and fracture of the right wrist with surgery. She is not working, she is disabled. Her medications include Aricept, Tramadol, Ultracet and Ultram. A physician progress note dated 05/29/2015 documents the injured worker complains of left shoulder pain, elbow pain, low back pain and neck pain. Her pain is moderate and she has flares. Her left shoulder range of motion is mildly restricted. She has tenderness of the cervical spine over the C5-C6, with paraspinal tenderness, and left occipital tenderness. Flexion, extension and lateral rotation is mildly restricted. She has lumbar tenderness at L3, L4, and L5 and paraspinal spasms. There are trigger points present, and range of motion is restricted. Straight leg raise is positive. She has an abnormal gait. Treatment requested is for physical therapy for multiple body parts, 3x4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for multiple body parts, 3x4: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS (for some of the patient's diagnoses) and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.