

<b>Case Number:</b>	CM15-0163798		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	10/07/2014
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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:

This 55-year-old man sustained an industrial injury on 10-7-2014 after he was rear-ended while in his truck. Evaluations include undated left shoulder x-rays, electromyogram and nerve conduction studies of the bilateral upper extremities dated 3-17-2015, and undated left shoulder MRI. Treatment has included oral medications, acupuncture, bracing, orthotics, and physical therapy. Physician notes dated 7-28-2015 show complaints of left shoulder pain rated 6-7 out of 10. Recommendations include scapular exercises, scap-based rehabilitation program, and aligned S3 spinal Q brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Scrap-Based Rehab Program at Team Physical Therapy (Unspecified Number of Sessions):**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 49. Decision based on Non-MTUS

Citation Official Disability Guidelines (ODG) Pain (chronic) chapter under chronic pain programs (functional restoration programs).

**Decision rationale:** The 55-year-old patient complains of neck pain and lower back pain with lower extremity numbness, as per progress report dated 06/29/15. The request is for scap-based rehab program at team physical therapy (unspecified number of sessions). There is no RFA for this case, and the patient's date of injury is 10/17/14. Diagnoses, as per progress report dated 06/29/15, included cervical and lumbar degenerative disc disease. The patient also complains of left shoulder impingement and SI joint pain. Medications, as per progress report dated 04/14/15, included Tramadol, Acetaminophen, Nabumetone, Cyclobenzaprine, Triamterene, Hydrochlorothiazide, and Amlodipine. Diagnoses included musculoligamentous strain of the cervical spine, C3-4 spondylosis with moderate left neural foraminal narrowing, C4-5 posterior disc bulge, disc bulging and disc desiccation with loss of disc height at L2-3 and L3-4, musculoligamentous strain of the lumbar spine, left sacroiliac joint dysfunction, and left knee chondromalacia patellae. As per progress report dated 07/28/15, the patient's diagnoses include supraspinatus tear of the left shoulder and left shoulder scapular dysfunction. The patient is temporarily totally disabled, as per progress report dated 06/29/15. The MTUS guidelines pg. 49 and Chronic pain programs (functional restoration programs) section recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including: (1) adequate and thorough evaluation has been made. (2) Previous methods of treating chronic pain have been unsuccessful. (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be. (5) The patient exhibits motivation to change. (6) Negative predictors of success above have been addressed. The guidelines further state "Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." MTUS does not recommend more than "20 full-day sessions (or the equivalent in part-day sessions if required by part-time work transportation, childcare, or comorbidities). ODG guidelines, Pain (chronic) chapter under Chronic pain programs (functional restoration programs) states: Recommended where there is access to programs with proven successful outcomes (i.e., decreased pain and medication use, improved function and return to work, decreased utilization of the health care system), for patients with conditions that have resulted in "Delayed recovery." In this case, a request for scap-based rehab program at Team PT is only noted in progress report dated 07/28/15 (after the UR denial date). The treater states, "The patient is going already for his cervical and lumbar complaints" to the same location but does not explain the purpose of the rehab request. As per the report, medications help alleviate symptoms. Physical therapy and acupuncture also "helped for a short amount of time." It appears that the patient is getting some benefit from conservative care. The reports do not indicate that the patient has completed a multidisciplinary evaluation. Additionally, the patient is temporarily totally disabled. The reports lack discussion that indicates that the patient has motivation to change and it not clear if the negative predictors for success have been identified and addressed. Furthermore, the request does not specify the number of sessions. Given the lack of relevant documentation, the request is not medically necessary.