

<b>Case Number:</b>	CM15-0166806		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	08/08/2000
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 55-year-old female who sustained an industrial injury on August 8, 2000. Diagnoses have included myalgia and myositis, degeneration of lumbar or lumbosacral intervertebral disc, lumbar sprain, sacroiliitis, and articular cartilage disorder involving forearm. Documented treatment includes extracorporeal shockwave therapy November of 2012, heat, ice, medication including Anaprox, gabapentin, Norco, Flurbiprofen, glucosamine, and Cymbalta. The injured worker continues to complain of low back pain and x-ray is stated to show loss of lumbar lordosis. She also complains of ongoing left shoulder pain and the treating physician's plan of care includes a request on July 16, 2015 for 12 sessions of physical therapy for the lumbar spine and left shoulder "to improve strengthening and dynamic stabilization for the left shoulder and lumbar spine," and inferential unit and supplies for a 60 day rental and then purchase to "manage pain and reduce medication usage." Both requests were denied July 30, 2015. She has remained off work.

### 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 left shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy.

**Decision rationale:** Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD 729.2): 8-10 visits over 4 weeks. The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." Per the ODG guidelines: Lumbar sprains and strains (ICD9 847.2): 10 visits over 8 weeks; Sprains and strains of unspecified parts of back (ICD9 847): 10 visits over 5 weeks; Sprains and strains of sacroiliac region (ICD9 846): Medical treatment: 10 visits over 8 weeks; Lumbago; Backache, unspecified (ICD9 724.2; 724.5): 9 visits over 8 weeks. The medical records submitted for review indicate that the injured worker was previously treated with physical therapy. However, it is unknown how many sessions were completed or the injured worker's response to treatment. Absent such documentation, the medical necessity of additional physical therapy cannot be affirmed. Furthermore, the requested 12 sessions is in excess of the guideline recommended number of visits and is not medically necessary.

**IF unit and supplies for 60 days rental and purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** Per MTUS CPMTG with regard to interferential current stimulation: "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone." As the requested treatment is not recommended by the MTUS, and has only limited evidence of improvement when used in conjunction with other recommended treatments, the request is not medically necessary.