

<b>Case Number:</b>	CM15-0185258		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	08/15/2010
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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, Hawaii

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 female who sustained an industrial injury on August 15, 2010. The worker is being treated for: strained back, left shoulder and neck injury, left shoulder SLAP tear, right shoulder partial rotator cuff tear, chronic pain syndrome. Subjective: July 22, 2015, "constant neck pain, frequent headaches, bilateral radiating arm pain and numbness, bilateral shoulder pain, and bilateral hand pain." She reports that inactivity makes symptoms worse. She also complains of nervousness, depression and insomnia. Medications: July 22, 2015: Trazadone, Clonazepam, Stress care, and Tylenol. (Allergic to Morphine, Compazine, and Ibuprofen.) Diagnostics: MRI of bilateral shoulders and cervical spine. Treatments: activity modifications, cervical epidural injection times three, Cortisone times one to bilateral shoulders (helped decrease symptom); posterior lumbar fusion. On August 11, 2015 a request was made for 12 physical therapy sessions treating the lumbar spine that was noncertified by Utilization Review on August 19, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 physical therapy, 2 times a week for 6 weeks for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data

Institute, LLC; Corpus Christi, TX; [www.odg-twc.com](http://www.odg-twc.com); Section: Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 4/29/15).

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

**Decision rationale:** The patient presents with constant neck pain, frequent headaches, bilateral radiating arm pain and numbness, bilateral shoulder pain and bilateral hand pain. The current request is for 12 sessions of physical therapy for the lumbar spine. The treating physician states on 7/22/15 (25B) "Her low back pain currently is not very severe, although prolonged sitting causes her pain to increase." The treating physician continues: "I request authorization to have the patient undergo physical therapy twice a week for 6 weeks to address her symptoms." MTUS guidelines indicate that Physical Therapy is recommended: 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. For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. The current request for 12 sessions exceeds what MTUS allows for this type of condition. The current request is not medically necessary.