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| <b>Case Number:</b>   | CM15-0224642 |                              |            |
| <b>Date Assigned:</b> | 11/23/2015   | <b>Date of Injury:</b>       | 04/05/2011 |
| <b>Decision Date:</b> | 12/31/2015   | <b>UR Denial Date:</b>       | 10/20/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/16/2015 |

### 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: New York, Tennessee

Certification(s)/Specialty: Emergency Medicine

### 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 48 year old female with a date of injury on 04-05-2011. The injured worker is undergoing treatment for status post lumbar spine fusion, left shoulder impingement, left shoulder acromioclavicular joint arthrosis, rotator cuff tear, chest contusion secondary to lumbar spine injury, loss of sleep and psych component. Comorbid diagnoses include Sarcoma and hypertension. A physician progress note dated 08-10-2015 documents the injured worker complains of low back pain that radiates to both legs and feet along with tailbone weakness. She has complaints of constant moderate to severe left shoulder pain. She has complaints of depression, anxiety and irritability. She is using a cane to ambulate. Dermatome sensation is intact and equal bilaterally in both the upper and lower extremities. Lumbar range of motion is painful. She has tenderness to palpation of the lumbar paravertebral muscles and bilateral S1 joints. There is muscle spasm of the lumbar paravertebral muscles. Straight leg raise causes pain. Her left shoulder has painful range of motion. There is tenderness to palpation of the anterior shoulder, posterior shoulder, acromioclavicular joint and trapezius. There is muscle spasm of the trapezius. Neer's causes pain. No physical therapy notes were found with documentation presented for review. Treatment to date has included diagnostic studies, medications, status post bilateral L3-4, L4 and L4-5 and L5-S1 laminoforaminotomy, and bilateral L3-4, L4-5 and L5-S1 micro discectomies on 04-21-2015, psychological evaluation, and aquatic therapy. On 10-20-2015 Utilization Review modified the request for 18 Physical Therapy Visits for the lumbar spine to 8 visits.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **18 Physical Therapy Visits for the lumbar spine: Upheld**

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

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. 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). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case the requested number of 18 visits surpasses the number of six recommended for clinical trial to determine functional improvement. The request is not medically necessary.