

<b>Case Number:</b>	CM15-0032670		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	05/11/2013
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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:

The injured worker is a 42-year-old male who sustained a work related injury on May 17, 1997, after a fall and injuring his right shoulder. He was diagnosed with lumbar degenerative disc disease, right shoulder tear, and left knee degenerative joint disease. Treatments included physical therapy sessions, epidural steroid injections, ice, rest and Transcutaneous Electrical Nerve Stimulation (TENS) unit and medications. Currently, the injured worker complained of continued right shoulder pain and weakness. He also complained of left knee pain, lumbar spine numbness with radiation to the left thigh and decreased range of motion. On January 21, 2015, a request for one physical therapy evaluation for the lumbar spine between January 16, 2015 and March 2, 2015 was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Physical Therapy evaluation for the lumbar spine:** Overturned

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

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

**Decision rationale:** The patient presents with unrated right shoulder pain and associated weakness, and stiffness/crepitus to the left knee. Patient also complains of numbness, which radiates from the lumbar spine to the lateral left thigh. The patient's date of injury is 05/11/13. Patient is status post unspecified lumbar epidural steroid injections, and status post arthroscopic SLAP repair on 09/10/14. The request is for 1 PHYSICAL THERAPY EVALUATION FOR THE LUMBAR SPINE. The RFA was not provided. Physical examination dated 12/19/14 reveals a 20 percent decreased range of motion to the right shoulder, crepitus in the left knee with mild effusion, and positive straight leg raise test on the left at 60 degrees. The patient's current medication regimen was not provided. Diagnostic imaging was not provided. Per progress note dated 12/19/15, patient is advised to remain off work indefinitely. MTUS Chronic Pain Medical Treatment Guidelines, pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." Treater is requesting 1 physical therapy evaluation/session for the lumbar spine. Physical therapy notes from this patient's left shoulder sessions do not mention the lower back or indicate that this complaint was treated. Given a lack of evidence, this patient has had physical therapy directed at his lumbar spine to date; it appears that this is a reasonable intervention. One session falls within guidelines, which allow up to 10 visits for complaints of this nature. Therefore, this request IS medically necessary.