

<b>Case Number:</b>	CM15-0037479		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	12/05/2011
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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 56-year-old male, who sustained an industrial injury on 12/05/2011. He has reported subsequent back and shoulder pain and was diagnosed with lumbar disc syndrome and left shoulder internal derangement. Treatment to date has included oral and topical pain medication. In a progress note dated 12/01/2014, the injured worker complained of increased lower back and left shoulder pain but that pain did improve to 4/10 with use of Tramadol cream. Objective physical examination findings were notable for mild to moderate tenderness to palpation over the acromion and infraspinatus on the left, decreased range of motion and mild to moderate tenderness to palpation of the lumbar paraspinal muscles bilaterally with reduced range of motion. The physician noted that physical therapy of the left shoulder and lumbar spine were recommended to improve strength and mobility.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 16 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); ODG Physical Therapy Guidelines.

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

**Decision rationale:** This patient presents with back and left shoulder pain. The current request is for physical therapy 16 sessions. The MTUS chronic pain management guidelines pages 98, 99 has the following regarding physical medicine. MTUS Guidelines recommends for myalgia and myositis type symptoms, 9 to 10 visits over 8 weeks. There are no physical therapy reports provided for review. The exact number of completed therapy visits to date, the objective and response to therapy were not documented in the medical reports. The treating physician has requested physical therapy for the left shoulder and lumbar spine to improve strength and mobility. The utilization review indicates that the patient has not received treatment for the lumbar spine. Given the patient's continued complaints of pain, a course of 9 to 10 sessions may be indicated for the patient's low back complaints. However, the request is for initial 16 sessions, which exceeds what is recommended by MTUS. The requested physical therapy IS NOT medically necessary.