

<b>Case Number:</b>	CM15-0038094		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	01/23/2013
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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

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 38-year-old male, who sustained an industrial injury on January 23, 2013. The diagnoses have included right shoulder tenosynovitis rule out derangement, lumbar strain and rule out lumbar radiculopathy/disc herniation. A progress note dated January 7, 2015 provided the injured worker complains of right shoulder pain and low back pain radiating to legs rated 6/10 with medication and 9/10 without medication. Physical exam reveals antalgic gait, lumbar tenderness with decreased range of motion (ROM) and muscle spasm. The right shoulder is noted for positive for impingement, decreased range of motion (ROM) and previous magnetic resonance imaging (MRI) shows evidence of tenosynovitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x 4:** Overturned

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

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

**Decision rationale:** The patient presents with right shoulder and lower back pain rated 6/10 with medications, 8/10 without. The patient's date of injury is 01/23/13. Patient has no documented surgical history directed at these complaints. The request is for PHYSICAL THERAPY 2X4. The RFA was not provided. Physical examination dated 01/07/15 reveals positive impingement sign and reduced range of motion of the right shoulder. Lumbar examination reveals muscle spasms in the bilateral paraspinal muscles, and notes decreased sensation to the L4, L5, S1 dermatome distributions bilaterally. The patient is currently prescribed Naproxen, Ibuprofen, Cyclobenzaprine, Tramadol, and Mentherm. Diagnostic imaging included MRI of the right shoulder dated 06/09/14, significant findings include: "AC joint arthropathy is seen with inferior tilt to the acromion and narrowing of the rotator cuff outlet tenosynovitis of the biceps tendon." A lumbar MRI dated 02/13/15 was also included with unremarkable findings. Patient is currently working modified duties. 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." In this case, the treater is requesting what appears to be the initial series of physical therapy directed at the lumbar spine. This patient has undergone physical therapy to date, though the PT notes and progress reports indicate that only the left shoulder was the target of therapy. Though the RFA was not provided, progress note dated 03/04/15 states that this patient has not had any lumbar physical therapy to date and that the treater was seeking approval of 8 sessions of physical therapy for the lumbar spine. This is in line with the unspecified 2x4 physical therapy sessions on the IMR application and it appears that this is the associated request. MTUS supports conservative therapies such as physical medicine for chronic pain complaints, the requested 8 session's falls within guideline recommendations. As the patient has not had any physical therapy directed at lumbar complaint to date, an 8-session course of therapy is appropriate. Therefore, the request IS medically necessary.