

<b>Case Number:</b>	CM14-0118474		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/09/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 66 year old male whose date of injury is 03/09/2012. The mechanism of injury is not described. Diagnoses are lumbar sprain, shoulder impingement and lumbar radiculopathy. Note dated 02/10/14 indicates that he completed chiropractic treatment with no improvement. He also completed physical therapy in the past with only mild improvement. Note dated 05/08/14 indicates that the injured worker reports range of motion improved with acupuncture, but he continues with low back pain. Progress report dated 06/19/14 indicates that he continues to have low back and left shoulder pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3x4 to the left shoulder/lower back:-** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ODG Low Back chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder and Low Back Chapter, Physical therapy

**Decision rationale:** Based on the clinical information provided, the request for physical therapy 3 x 4 to the left shoulder/lower back is not recommended as medically necessary. The number of

visits of physical therapy completed to date is not documented; however, the submitted records indicate that the injured worker reported only mild improvement with prior physical therapy. There are no specific, time-limited treatment goals provided. The injured worker's compliance with an active home exercise program is not documented. Therefore, medical necessity of the request for additional physical therapy is not established in accordance with the Official Disability Guidelines.

**DME: purchase back support:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ODG, Low Back chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar supports

**Decision rationale:** Based on the clinical information provided, the request for DME purchase back support is not recommended as medically necessary. The Official Disability Guidelines note that lumbar supports are not recommended for the prevention of low back pain. There is no documentation of instability, compression fracture or spondylolisthesis as required by the Official Disability Guidelines to support purchase of a back support at this time.