

<b>Case Number:</b>	CM14-0128228		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	08/28/2013
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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:

This is a 53-year-old male with an 8/28/13 date of injury. The injured worker sustained an injury to the upper back, bilateral shoulders, mid back, and neck when another bus struck the claimant's bus. According to a progress report dated 7/15/14, the injured worker complained of constant pain in the cervical spine that radiated into the upper extremities. There were associated headaches that were migrainous in nature as well as tension between the shoulder blades. He also complained of constant pain in the low back that radiated into the lower extremities as well as pain in the bilateral shoulders characterized by burning. The injured worker's pain was unchanged. He rated his pain as a 7. Objective findings: tenderness around the anterior glenohumeral region and subacromial space, Hawkin's and impingement signs are positive, guarded and restricted shoulder range of motion, palpable cervical and lumbar paravertebral muscle tenderness with spasms, limited range of motion of cervical spine, guarded and restricted lumbar range of motion. Diagnostic impression: cervicgia, lumbago, shoulder joint derangement. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 7/7/14 denied the request for physical therapy. There is no evidence of objective and functional improvement noted from prior care. Moreover, the claimant has reached maximum medical improvement and the claimant's condition has been considered permanent and stationary without significant changes anticipated over the next 12 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x 6wks Lower Back Area, Lumbar and/or Sacral Vertebrae (Vertebra NOC Trunk) Shoulder(s): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation ODG - TWC; Low Back Procedure Summary last updated 05/12/2014; physical therapy guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114 Official Disability Guidelines (ODG) Shoulder Chapter, Low Back Chapter

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the injured worker's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. It is documented that the injured worker has had previous physical therapy. However, it is unclear how many sessions he has had previously. Guidelines support up to 10 visits over 8 weeks for shoulder sprains and 9 visits over 8 weeks for lumbago. An additional 12 sessions would exceed guideline recommendations. In addition, there is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. Furthermore, it is unclear why the injured worker has not been able to transition to an independent home exercise program at this time. Therefore, the request for Physical Therapy 2 x 6wks Lower Back Area, Lumbar and/or Sacral Vertebrae (Vertebra NOC Trunk) Shoulder(s) was not medically necessary.