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| <b>Case Number:</b>   | CM14-0143479 |                              |            |
| <b>Date Assigned:</b> | 09/10/2014   | <b>Date of Injury:</b>       | 01/21/2013 |
| <b>Decision Date:</b> | 10/14/2014   | <b>UR Denial Date:</b>       | 08/27/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/04/2014 |

### 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 Family Medicine 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 43-year-old male with a 1/21/13 date of injury. The patient injured his lower back and right shoulder dumping recycling bins. According to a progress report dated 8/18/14, the patient complained of constant lumbar spine pain that occasionally radiated to right leg to toes with numbness and cramps. He rated his pain as a 7/10. The patient is scheduled for low back surgery on 8/28/14. Objective findings: slight limp toward right length, strength 5/5 bilateral iliopsoas, quadriceps, and hamstrings, anterior tibialis and extensor longus muscles 5/5. Diagnostic impression: foraminal stenosis at the L5-S1, discogenic changes of the L4-5 levels, musculoligamentous injury, lumbar, right shoulder internal derangement. Treatment to date: medication management, activity modification, physical therapy, chiropractic care, acupuncture, home exercise program, ESIA UR decision dated 8/27/14 denied the request for physical therapy for unknown body part. This request was clarified to be 12 therapy sessions to the lower back and right shoulder. The claimant has apparently already been certified for both right shoulder and lower back surgery and the medical necessity or rationale for conservative care at this time is not found, especially as it exceeds ODG trial phase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for unknown body part:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 page(s) 98-99, 9792.22 General Approaches 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

**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 patient'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. According to the 8/27/14 Utilization Review (UR) decision, this request was clarified to be 12 therapy sessions to the lower back and right shoulder. It is noted that the patient has had previous physical therapy. There is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. It is unclear how many sessions he has had previously. Guidelines support up to 10 visits in 8 weeks for lumbar sprains and shoulder sprains. In addition, the patient is scheduled for low back surgery on 8/28/14. There is no rationale provided as to why this patient requires physical therapy prior to surgery. Therefore, the request for Physical Therapy for unknown body part was not medically necessary.