

<b>Case Number:</b>	CM14-0146875		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	12/22/2003
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 & Rehabilitation has a subspecialty in Interventional Spine 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:

The patient is a 65-year-old female with a date of injury of 12/22/2003. According to a progress report 07/29/2014, the patient presents with worsening of low back and shoulder pain. She states that she is having low back pain that radiates into her left lower extremity with numbness and tingling. She also states that her left shoulder pain is gradually worsening. The patient states she is unable to continue with her home exercise program secondary to worsening of pain. Examination revealed significant muscle tension and guarding and pain in the lumbosacral junction with muscle tension extending into the low back. Range of motion is decreased by 40% with flexion, 70% with extension, and 60% rotation bilaterally. The physician is requesting additional 12 sessions of physical therapy for her left shoulder. Utilization review denied the request on 08/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of Physical Therapy (PT) 2 x per week for 6 weeks, for the left shoulder:**

Upheld

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

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

**Decision rationale:** This patient presents with worsening of low back and left should pain. The physician is requesting additional 12 weeks of physical therapy 2 times per week per 6 weeks for the left shoulder. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis-type symptoms 9 to 10 sessions over 8 weeks. Physical therapy discharge report from 05/16/2014 indicates the patient has completed 6 physical therapy sessions and was directed to continue home exercise program. Treater states the patient is now unable to participate in home exercises due to increase in pain. In this case, a short course of 3-4 additional sessions to address patient's complaints may be warranted. However, the physician's request for 12 physical therapy sessions with the 6 already received exceeds what is recommended by MTUS. Therefore, the request for 12 sessions of physical therapy (PT) 2 x per week for 6 weeks, for the left shoulder is not medically necessary and appropriate.