

<b>Case Number:</b>	CM14-0156495		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	01/01/2012
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 53-year-old female who was injured on January 1, 2012. The patient continued to experience pain in left shoulder, lower back, and left knee. Physical examination was notable for tenderness to the left shoulder and thoracolumbar junction and L3 level, bilateral paraspinal spasm, and intact neurological examination. Diagnoses included left shoulder rotator cuff tear, lumbosacral sprain/strain, status post left knee arthroscopy, and lumbar disc protrusion at L5-S1. Treatment included medications, physical therapy, and surgery. Request for authorization for physical therapy for the lumbar spine was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser

treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks, and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case the patient has received 6 treatments of physical therapy and feels '50% better'. The request is for an additional six visits. The additional requested six visits would bring the total to 12 visits. This surpasses the recommended maximum number of 10 visits. The request should not be authorized.