

<b>Case Number:</b>	CM14-0212468		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	12/27/2013
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 injured worker is a 67-year-old male with a date of injury 12/27/2013 and the mechanism of injury was a fall. His diagnosis included right hip pain. His surgical history included right hip repair, fracture repair 12/27/2013. His past treatments included physical therapy and conservative care. On 09/26/2014, the injured worker presented with complaints of headaches, burning bilateral shoulder pain which he rated as 7/10. He described this pain as constant, moderate to severe and aggravated by gripping, grasping, reaching, pulling, lifting, and doing work above or at shoulder level. The injured worker also complains of burning low back pain which he rated as 7/10 and he described the pain as constant, moderate to severe. The injured worker stated that the pain is associated with numbness and tingling of the bilateral extremities and it is aggravated by prolonged sitting, standing, walking, bending, rising from a sitting position, and he also states he is post right hip surgery with residual pain which he rated as 5/10. Physical examination of the shoulder revealed tenderness at the deltopectoral groove. Range of motion of the shoulder was 165 degrees bilaterally, flexion at 165 degrees, extension bilaterally was 50 degrees, abduction bilaterally 165 degrees, adduction bilaterally 40 degrees, internal rotation was 75 degrees on the left, 70 degrees on the right, external rotation was 70 degrees bilaterally. Sensation to pinprick and touch is slightly diminished over the C5, C6, C7, C8 and T1 dermatomes in the bilateral upper extremities. Motor strength is 4/5 in all muscle groups in the bilateral upper extremities. Deep tendon reflexes are 2+ and symmetrical in the bilateral extremities. Examination of the lumbar spine shows tenderness noted at the lumbar paraspinal muscles and over the lumbosacral junction. Range of motion shows flexion at 40 degrees,

extension at 15 degrees, left lateral and right lateral flexion at 15 degrees, left and right rotation at 20 degrees. Straight leg raise is positive at 40 degrees bilaterally. Examination of the right hip shows there is a well healed scar consistent with a prior surgery with tenderness to palpation at the right greater trochanter. Range of motion of the right hip showed flexion to 90 degrees, extension 0 degrees, abduction to 20 degrees, adduction to 15 degrees, external rotation to 15 degrees, and internal rotation to 25 degrees. Sensation was slightly decreased to pinprick and light touch at the L4, L5 and S1 dermatomes bilaterally. Motor strength is 4/5 in all representative muscle groups in the bilateral extremities. Deep tendon reflexes are 2+ and symmetrical in the bilateral lower extremities. His current medications were noted to include ketoprofen cream, Dicoprofenol, Deprizine, Fanatrex, Synapryn and Tabradol. The treatment plan is for the injured worker to undergo another course of physical therapy and acupuncture for bilateral shoulder and lumbar spine, and undergo a course of shockwave therapy for bilateral shoulders and lumbar spine. The request is for 12 sessions of physical therapy for the lumbar spine and bilateral shoulders and the rationale was for pain relief. The Request for Authorization form dated 09/16/2014 was provided.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Twelve sessions of Physical Therapy for the lumbar spine and bilateral shoulders (2x 6weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The request for 12 sessions of physical therapy for the lumbar spine and bilateral shoulders (2x 6 weeks) is not medically necessary. The injured worker presented with complaints of shoulder and low back pain. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercises and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is lack of documentation regarding the injured worker's prior course of therapy as well as the efficacy of the prior therapy. The guidelines recommend up to 10 visits. There is lack of documentation to evaluate for functional deficits requiring therapy. According to documentation, the injured worker has received 12 sessions of physical therapy as of 10/23/2014. There were no specific barriers to transition the injured worker to an independent home exercise program. There were no exceptional factors noted which would indicate the injured worker's need for additional physical therapy beyond the guideline recommendations. As such, the request is not medically necessary.