

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0102930 |                              |            |
| <b>Date Assigned:</b> | 06/05/2015   | <b>Date of Injury:</b>       | 10/15/2014 |
| <b>Decision Date:</b> | 07/14/2015   | <b>UR Denial Date:</b>       | 04/28/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/28/2015 |

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 46 year old female, who sustained an industrial injury on 10/15/14. She reported neck and bilateral shoulder injury after loading heavy boxes. The injured worker was diagnosed as having lumbar spine sprain/strain with bilateral radiculopathy. Treatment to date has included oral medications including Naproxen and Flexeril; physical therapy, lumbar brace and home exercise program. Currently, the injured worker complains of mild to moderate low back pain with radiation to right leg. She is currently not working. Physical exam noted tenderness of lumbar spine with spasm and restricted range of motion. The treatment plan included request for (MRI) magnetic resonance imaging of l/s spine, Motrin and 8 sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **8 Physical Therapy Sessions to the Lumbar & Shoulder, 2x4: Upheld**

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

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

**Decision rationale:** The patient presents with pain affecting the lumbar spine and bilateral shoulders. The current request is for 8 Physical Therapy Sessions to the Lumbar & Shoulder, 2x4. The report with this request was not provided for review. According to the UR report, the treating physician states a the report dated 10/28/14, "Patient should continue Physical Therapy treatment. The patient is not responding well to Physical Therapy." (45B) The patient is not in the post-operative state. The MTUS guidelines state, "They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process" and MTUS only allows 8-10 sessions of physical therapy. In the records provided for review for this case, the treating physician has not documented how many prior physical therapy sessions the patient has completed and if the patient had any functional improvement with physical therapy. There is no documentation of any recent surgery, flare-up, new injury or new diagnosis that would require additional physical therapy and there is no discussion as to why the patient is not currently able to transition to a home exercise program. The current request is not medically necessary.