

<b>Case Number:</b>	CM15-0019263		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	11/14/2006
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 65 year old male who sustained an industrial related injury on 11/18/06. The injured worker had complaints of right shoulder pain. Diagnoses included lumbar spine degenerative disc disease/ degenerative joint disease at L4-5, right shoulder rotator cuff tear, and right shoulder acromioclavicular arthrosis. Treatment included physical therapy. The treating physician requested authorization for physical therapy for the lumbar spine 2x3. On 1/7/15 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted a course of home exercise should be sufficient to address any residual lumbar spine issues. Therefore the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the lumbar spine (2x3) 6 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine

Page(s): 98-99. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical records indicate that the patient already received 6 sessions of physical therapy with functional improvement and should be familiar with a home exercise program. Additionally, the treating physician noted a normal lumbar spine exam and the patient had no complaints of lumbar back pain at his most recent appointment. As such, the request for Physical therapy for the lumbar spine (2x3) 6 sessions is not medically necessary.