

<b>Case Number:</b>	CM15-0115484		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	02/26/2014
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Maryland

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

### 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 24 year old male, who sustained an industrial/work injury on 2/26/14. He reported initial complaints of right shoulder, back and right foot pain. The injured worker was diagnosed as having displaced lumbar intervertebral disc, superior glenoid labrum lesion, sprain/strain of the hip and thigh and contusion of the foot. Treatment to date has included medication, physical therapy, and diagnostics. CT scan results of chest were reported on 2/26/14 and were normal. X-Rays results of the right scapula were reported on 2/26/14 that revealed possible rotator cuff tear. X-ray of foot was negative. Currently, the injured worker complains of lumbar spine, right shoulder, right foot, hips, and right shoulder pain that was getting worse. Primary concern was right shoulder. Per the primary physician's progress report (PR-2) on 4/27/15, examination revealed limited range of motion, local tenderness over the lumbar spine, and right shoulder and low back pain persists. The requested treatments include physical therapy 3 times weekly, lumbar and cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times weekly, lumbar and cervical spine, Qty: 12.00:** Upheld

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

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

**Decision rationale:** Physical therapy 3 times weekly, lumbar and cervical spine, Qty: 12.00 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition and a transition to an independent home exercise program. The documentation is not clear on how many prior PT sessions the patient has had for his lumbar spine and cervical spine; why he is unable to perform an independent home exercise program; and the outcome of prior PT. Without clarification of this information and the fact that there are no extenuating factors which necessitate exceeding the recommended 10 sessions for this condition the request for physical therapy QTY:12 is not medically necessary.