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| <b>Case Number:</b>   | CM15-0177732 |                              |            |
| <b>Date Assigned:</b> | 09/18/2015   | <b>Date of Injury:</b>       | 06/05/2014 |
| <b>Decision Date:</b> | 12/02/2015   | <b>UR Denial Date:</b>       | 08/14/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/09/2015 |

### 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, Arizona

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:

This injured worker is a 36 year old male, who sustained an industrial injury on 05-29-2014. The injured worker was diagnosed as having left shoulder strain-sprain, thoracic spine sprain-strain and lumbar spine sprain-strain. On medical records dated 04-27-2015, subjective complaints were noted as left shoulder pain, numbness weakness and stiffness. Objective findings were noted as having functional limits on left shoulder noted as lifting, reaching, grasping, pushing, pulling, over heading activities and holding. A decreased range of motion with tenderness at left clavicle, biceps tendon groove, deltoid muscles and rotator cuff muscles was noted as well. Pain was noted as a 7 out 10. Medical record dated 04-30-2015 subjective complaints were noted as thoracic spine stiffness and lumbar spine was noted to have pain, tingling, numbness, weakness and stiffness. Objective findings were thoracic spine functional limitations with walking, standing, bending, twisting, squatting, kneeling, stairs, supine-sit, sit stand, sitting and lifting and reaching. Thoracic spine was noted to have tenderness in bilateral paraspinal muscles throughout with a decreased range of motion. Lumbar spine was noted to have tenderness to paralumbar muscles, sacroiliac joints, sciatic notch and gluteal muscles with a decreased range of motion was noted as well. Pain in thoracic and lumbar spine was noted as 8 out of 10. Treatment to date included home exercise program, physical therapy, and lumbar spine brace. Current medication was not mentioned on 04-27-2015 and 04-30-2015 medical records. The Utilization Review (UR) was dated 08-14-2015. The UR submitted for this medical review indicated that the request for retrospective physical therapy evaluation DOS 04-30-2015, retrospective physical therapy for the thoracic and lumbar spine twice a week, for six weeks DOS 04-30-2015, retrospective physical therapy evaluation DOS 04-27-2015 and physical

therapy for the left shoulder twice a week for six weeks DOS 04-27-2015 were non-certified.

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

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

#### **Retrospective Physical Therapy evaluation DOS: 4/30/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Low Back Procedure Summary Online last updated 7/17/2015.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical therapy.

**Decision rationale:** Regarding the request for physical therapy evaluation DOS 4/30/15, Chronic Pain MTUS notes that physical medicine is recommended in certain situations. ODG-TWC notes that the medical treatment for lumbar sprain/strain is 10 visits over 5 weeks and for unspecified thoracic neuritis/radiculitis are 10-12 visits over 8 weeks. For shoulder sprain/strain, visits are recommended for up to 10 visits over 8 weeks. Within the submitted records, it is not clear exactly how many completed physical therapy sessions occurred for the various body parts in question, and there is no mention of how physical therapy affected pre and post pain scores using validated measures. There is no mention of enhanced ability to perform activities of daily living secondary to previous PT. There was also limited evidence of objective and functional improvement with the completed physical therapy visits to date. The request for ongoing therapy is not medically necessary and has not been substantiated.

#### **Retrospective Physical Therapy for the thoracic and lumbar spine, twice a week, for six weeks DOS: 4/30/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Low Back Procedure Summary Online last updated 7/17/2015.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical therapy.

**Decision rationale:** Chronic Pain MTUS notes that physical medicine is recommended in certain situations. ODG-TWC notes that the medical treatment for lumbar sprain/strain is 10 visits over 5 weeks and for unspecified thoracic neuritis/radiculitis are 10-12 visits over 8 weeks. For shoulder sprain/strain, visits are recommended for up to 10 visits over 8 weeks. Within the submitted records, it is not clear exactly how many completed physical therapy sessions occurred for the various body parts in question, and there is no mention of how physical therapy affected pre and post pain scores using validated measures. There is no mention of enhanced ability to

perform activities of daily living secondary to previous PT. There was also limited evidence of objective and functional improvement with the completed physical therapy visits to date. The request for ongoing therapy is not medically necessary and has not been substantiated.

**Retrospective Physical Therapy evaluation DOS: 4/27/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Shoulder Procedure Summary Online Version last updated 8/6/2015.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical therapy.

**Decision rationale:** Regarding Physical therapy DOS 4/27/2015 Chronic Pain MTUS notes that physical medicine is recommended in certain situations. ODG-TWC notes that the medical treatment for lumbar sprain/strain is 10 visits over 5 weeks and for unspecified thoracic neuritis/radiculitis are 10-12 visits over 8 weeks. For shoulder sprain/strain, visits are recommended for up to 10 visits over 8 weeks. Within the submitted records, it is not clear exactly how many completed physical therapy sessions occurred for the various body parts in question, and there is no mention of how physical therapy affected pre and post pain scores using validated measures. There is no mention of enhanced ability to perform activities of daily living secondary to previous PT. There was also limited evidence of objective and functional improvement with the completed physical therapy visits to date. The request for ongoing therapy is not medically necessary and has not been substantiated.

**Physical Therapy for the left shoulder, twice a week, for six weeks DOS: 4/27/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Shoulder Procedure Summary Online last updated 8/6/2015.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy.

**Decision rationale:** Chronic Pain MTUS notes that physical medicine is recommended in certain situations. ODG-TWC notes that the medical treatment for lumbar sprain/strain is 10 visits over 5 weeks and for unspecified thoracic neuritis/radiculitis are 10-12 visits over 8 weeks. For shoulder sprain/strain, visits are recommended for up to 10 visits over 8 weeks. Within the submitted records, it is not clear exactly how many completed physical therapy sessions occurred for the various body parts in question, and there is no mention of how physical therapy affected pre and post pain scores using validated measures. There is no mention of enhanced ability to perform activities of daily living secondary to previous PT. There was also limited evidence of objective and functional improvement with the completed physical therapy visits to date. The request for ongoing therapy is not medically necessary and has not been substantiated.

