

<b>Case Number:</b>	CM15-0068453		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	09/02/2010
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: Massachusetts

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

### 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 55 year old male who sustained an industrial injury on 09/02/2010. Current diagnoses include chronic neck pain, cervical discogenic neck pain, cervical spinal stenosis, chronic low back pain, post-laminectomy syndrome, lumbar fusion, and chronic pain syndrome. Previous treatments included medication management, back surgery, knee surgery, injections, and home exercises. Previous diagnostic studies included MRI of the lumbar spine and x-rays of the chest and lumbosacral spine. Report dated 03/25/2015 noted that the injured worker presented with complaints that included neck pain, low back pain, and bilateral shoulder pain. Pain level was rated as 4 out of 10 on the visual analog scale (VAS) prior to medications. The physician noted that the injured worker has weaned himself completely off narcotics and is only taking gabapentin and Aleve Physical examination was positive for abnormal findings. The treatment plan included request for physical therapy. The physician noted that the injured worker has not had any physical therapy for his back since his surgery, nor has he ever received physical therapy for his shoulders. It was further noted that the injured worker has limited range of motion and impingement signs in the shoulders. Disputed treatments include physical therapy 2 times a week for 6 weeks to low back and bilateral shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks to low back and bilateral shoulders:**

Overtured

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 26.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Displacement of intervertebral disc, fusion Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work-related injury in September 2010 and underwent a lumbar fusion on 11/24/14. He has not yet had post-operative physical therapy but has been cleared for treatment by his surgeon. He also has shoulder pain. When seen he had findings of shoulder impingement. Being requested is 12 post-operative physical therapy treatments. Post surgical treatment after the claimant's surgery after maturation of the fusion includes up to 24 physical therapy visits over 16 weeks with a postsurgical physical medicine treatment period of 6 months. Treatment for the shoulders would include up to 10 visits over 8 weeks. The request is consistent with both guideline recommendations and therefore medically necessary.