

<b>Case Number:</b>	CM15-0073152		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	03/11/2014
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 is a 43 year old female patient who sustained an industrial injury to the left shoulder and low back on 3/11/14. She sustained the injury while unloading a truck. Current diagnoses included left shoulder tendinitis, status post lumbar laminectomy and sacroiliitis. Per the doctor's note dated 3/10/2015, she had complaints of low back pain with radiation to the left lower extremity. The physical examination revealed tenderness, lumbar range of motion- flexion 70, extension 30 and lateral flexion 25 bilaterally and rotation 30 degrees bilaterally, negative straight leg raising test. Per the doctor's note dated 1/20/2015 the low back was aggravated by chiropractic care. She had complained of pain with radiation to the left sacroiliac joint and pain in left shoulder. Physical examination revealed reduced range of motion to the left shoulder. She received Toradol injection at the office. The medications list includes Soma, Mobic and Ultram. She has had left shoulder MRI on 2/13/2015. She has undergone lumbar laminectomy on 9/3/2014. She has had chiropractic therapy and at least 9 physical therapy visits for this injury. She reported that her pain started after recent chiropractic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 time a week for 4 weeks for low back area: Upheld**

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

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

**Decision rationale:** Request: Physical Therapy 3 time a week for 4 weeks for low back area. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. She has had at least 9 physical therapy visits for this injury. The exact number of total physical therapy visits since date of injury is not specified in the records provided. Therefore, the requested additional visits in addition to the previously rendered physical therapy sessions are more than recommended by the cited criteria. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visit notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical Therapy 3 time a week for 4 weeks for low back area is not established for this patient at this time. The request is not medically necessary.