

<b>Case Number:</b>	CM15-0098554		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	10/06/2009
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 62-year-old individual, who sustained an industrial injury on 10/06/2009. On provider visit dated 12/04/2014 the injured worker has reported left shoulder/scapular pain, left wrist/hand pain, low back pain with radiation to thigh and left hip, and thoracic pain. On examination of the thoracic and lumbar spine revealed tenderness. A decreased range of motion was noted with pain. The diagnoses have included degenerative disc disease T4-5 and T9-10, compression fracture T5-T8, low back pain with intermittent left lower extremity symptoms and left shoulder /scapular pain. Treatment to date has included medication, TENS unit and home exercise program. The provider requested physical therapy for the left shoulder and thoracic spine, eight sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the left shoulder and thoacic spine, eight sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, and low back section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy left shoulder and thoracic spine eight sessions is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are degenerative disc disease T4 - T5 and T9 - T10; compression fracture T5 - T8; low back pain with intermittent left lower extremity symptoms; and left shoulder/scapular pain. The date of injury is October 6, 2009. The request for authorization is dated May 12, 2015. The most recent progress note in the medical record is December 4, 2014. There are no contemporaneous progress notes in the medical record on or about the date of request authorization. A progress note dated November 6, 2014 dates physical therapy three times per week times four weeks to the thoracic spine was ordered. There was no subsequent documentation. Progress note dated December 4, 2014 shows the requesting provider requested left shoulder physical therapy three times per week times four weeks. There was no subsequent documentation indicating whether physical therapy was rendered or received. There is no documentation indicating objective functional improvement. Consequently, absent contemporaneous clinical documentation with physical therapy progress notes, a clinical indication and rationale, physical therapy left shoulder and thoracic spine 8 sessions is not medically necessary.