

<b>Case Number:</b>	CM14-0100979		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/05/2011
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a male with date of injury 11/5/2011. Per initial orthopedic spine surgery evaluation dated 4/16/2014, the injured worker complains of pain in the neck. He has headaches and ringing in the ears. He has pain in both shoulders and numbness in both wrists. He complains of pain in the low back with some tingling in the legs. On examination there is 4/5 strength at left L5 myotome, there is a well-healed lumbar incision, lumbar tenderness and left iliac crest tenderness and positive impingement of the left shoulder. Diagnoses include 1) by report, lumbar disc pathology, L4-5 2) cervical strain 3) left shoulder impingement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2X week X6 weeks lumbar spine, cervical spine, left shoulder:** Upheld

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

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

**Decision rationale:** The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented

benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified; receive 9-10 visits over 8 weeks. The injured worker was injured in 2011 and had shoulder surgery in 2012. His primary treating physician is a chiropractor and he has been participating in therapy. The number of chiropractic treatment visits and physical medicine visits is not clarified by the medical documents. Response to prior therapy is not addressed. Status of a home exercise program is not addressed. There is no acute injury noted, and the injured worker is outside of any postsurgical physical medicine treatment period. Medical necessity for additional therapy has not been established. The request for Physical Therapy 2X week X6 weeks lumbar spine, cervical spine, left shoulder is determined to not be medically necessary.