

<b>Case Number:</b>	CM14-0182201		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	08/27/2014
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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. 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 53 year old female, who sustained an industrial injury on August 27, 2014. She reported neck pain, lumbar spine pain and right shoulder pain after a slip and fall. The injured worker was diagnosed as having cervical spine sprain and strain rule out HCD, right shoulder sprain and strain rule out tendinitis, lumbar spine strain and sprain, impingement and rotator cuff tear. Treatment to date has included diagnostic studies, a lumbar brace, physical therapy, medications and work restrictions. Currently, the injured worker continues to report neck pain, lumbar spine pain and right shoulder pain. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was without complete resolution of the pain. Evaluation on August 27, 2014, revealed mid and low back pain and right arm discomfort after a fall at work. She rated her pain at 7 on a 1-10 scale with 10 being the worst. Evaluation on September 30, 2014, revealed continued pain as noted. Range of motion testing revealed cervical spine forward flexion at 40 degrees and extension at 50 degrees with tightness and spasm, right shoulder flexion at 160 degrees and extension at 45 degrees with tenderness and lumbar spine flexion at 50 degrees and extension at 20 degrees with tightness and spasms in the paraspinal musculature. The RFA included a request for Physical therapy 3 times a week for 5 weeks for the lumbar spine and was non-certified on the utilization review (UR) on October 15, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week for 5 weeks for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 8/22/14).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy (2) Neck and Upper Back (Acute & Chronic), physical therapy (3) Shoulder (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in August 2014 and is being treated for neck, low back, and right shoulder pain after she slipped on water and fell. When seen, she was working without restrictions. There was decreased cervical and lumbar range of motion with spasms and tightness. There was mildly decreased shoulder range of motion with tenderness. Physical therapy was requested. In terms of physical therapy for these conditions, guidelines recommend up to 10 treatment sessions over 5 weeks for each. A significant degree of concurrent care would be expected. In this case, the claimant is working without restrictions. The number of visits requested is in excess of what might be needed to determine whether continuation of physical therapy was needed or likely to be effective. The request was not medically necessary.