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| <b>Case Number:</b>   | CM13-0018231 |                              |            |
| <b>Date Assigned:</b> | 01/15/2014   | <b>Date of Injury:</b>       | 02/16/1988 |
| <b>Decision Date:</b> | 03/24/2014   | <b>UR Denial Date:</b>       | 08/20/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/29/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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:

The patient is a 74-year-old female who reported an injury on 02/16/1988 due to a trip and fall that reportedly caused injury to her cervical spine, low back, and bilateral knees. The patient's most recent evaluation on 07/15/2013 documented that the patient had 9/10 bilateral shoulder pain, 7/10 to 8/10 lumbosacral spine pain, and 6/10 to 8/10 bilateral knee pain. Evaluation of the bilateral knees revealed limited range of motion described as -15 degrees to 90 degrees of the right knee and -10 degrees to 110 degrees of the left knee, and positive medial and lateral joint line tenderness bilaterally. Evaluation of the bilateral shoulders reveals decreased range of motion bilaterally with pain in all planes and a bilateral positive impingement sign. A request was made for 12 additional physical therapy visits, a cervical spine pillow, and continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 12 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

**Decision rationale:** The requested Physical therapy 12 visits are not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has had physical therapy to address the patient's limited range of motion and pain complaints. Due to the age of the injuries, the patient should be well-versed in a home exercise program. However, there is no documentation that the patient is participating in a home exercise program. California Medical Treatment Utilization Schedule recommends that patients who participate in physical therapy be transitioned into an independent home exercise program to maintain improvement levels obtained during skilled physical therapy. As there is no documentation that the patient is currently participating in a home exercise program, 1 visit to 2 visits of physical therapy to re-educate and re-establish a home exercise program would be appropriate for this patient. However, the requested 12 visits would be considered excessive. As such, the requested Physical therapy 12 visits are not medically necessary or appropriate.

**Corset back brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar Supports

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

**Decision rationale:** The requested Corset back brace is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not recommend back braces beyond the acute phase of treatment. The clinical documentation does not provide any evidence that the patient has had an acute exacerbation of chronic pain. Therefore, due to the age of the injury, the patient's low back pain would be considered chronic. Therefore, a back brace would not be supported by the American College of Occupational and Environmental Medicine. As such, the requested Corset back brace is not medically necessary or appropriate.