

<b>Case Number:</b>	CM13-0055962		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a female patient with a date of injury on 05/13/2013 diagnosed with pain in joint lower leg, sprain and strain of unspecified site of wrist, sprain and strain of unspecified site of knee and leg, thoracic/lumbosacral neuritis/radiculitis. The mechanism of injury occurred when she was at work packaging some pill bottles and boxes and working in a line on a table, placing boxes onto a palate when she was done. She returned to the table from the palate and tripped with her right foot on a metal piece on the floor, lost her balance and fell forward onto the cement floor, first on her knees, and then her momentum carried her forward and she hit her upper body and face against the floor. There was a lack of significant objective functional gains with respect work tolerances to support continued care. The most recent progress note provided for review is dated 07/08/14 and noted the patient is scheduled for a lumbar epidural steroid injection on 07/09/14 as well as an appointment to see [REDACTED] for her low back on 07/16/14. It was reported that her eye doctor discontinued her pain medication. Her right knee was slowly improving, but still pretty sore and swollen. The low back was sore with radiation into both legs. The patient reported getting low back spasm, intensity in both heels, and cramps in the legs. The right shoulder pain was moderate with activity and hurts to sleep on the right side. She reported numbness/tingling in the right hand. She described constant moderate right wrist pain with activity and rest. It was reported that she completed 24 sessions of physical therapy and reported this helped some. An MRI of the right shoulder, performed on 08/30/13, demonstrated an intrasubstance tear of the supraspinatus tendon and mild bursitis. There was mild acromioclavicular joint effusion. Medications include Ultracet and Prilosec 20 mg for heartburn. There is also notation of compounded topical creams prescribed. Previous treatment has included physical therapy, chiropractic treatment, oral medications, injections to the lumbar spine, knee surgery, cold therapy, right shoulder injections, and acupuncture.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) Physical Therapy visits for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The California MTUS recommends: Allow for fading of treatment frequency plus active self-directed home physical medicine. The patient's injury is chronic and she has undergone extensive physical therapy in the past. There is no documentation of what functional improvement was achieved with previous sessions or why the patient needs to return to supervised physical therapy rather than continuing with a fully independent home exercise program. It was reported the patient has completed at least 24 sessions of physical therapy, as well as 22+ sessions of chiropractic therapy. There are minimal objective findings identified on physical examination, as the patient's primary complaints appear to be related to the low back and knee. Given the extensive amount of prior physical therapy, and the requested physical therapy previously rendered, it would be expected the patient is well versed in an independent self-directed home exercise program for continued maintenance. Therefore, the requested twelve (12) physical therapy visit for the right shoulder at an unspecified frequency is not medically necessary.