

<b>Case Number:</b>	CM13-0056981		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/04/2013
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 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:

The patient has submitted a claim for right shoulder, low back, right knee, and right ankle pain with an industrial injury date of July 4, 2013. The treatment to date has included medications; injections; and 3 sessions of physical therapy, which were not beneficial. The medical records from 2013 were reviewed, which showed that the patient complained of right shoulder pain, which is increased with the use of the shoulder/ arm and relieved with keeping the shoulder/ arm still. The patient also reported constant low back pain associated with frequent urination. Pain was increased with walking, prolonged standing, and climbing stairs and was not relieved with anything in particular. The patient also complained of burning intermittent right knee pain associated with occasional numbness, which was increased with walking. The patient also had intermittent right ankle pain associated with occasional numbness and some tingling, which was increased with walking and relieved with staying off her foot. On physical examination, the patient was morbidly obese. The right shoulder exam revealed tenderness with a positive Neer, Hawkins, and Jobe's sign but a negative O'Brien, Speed, and cross arm test. There was also limited and painful range of motion of the right shoulder. Motor strength was 4/5 in the right extensor rotators and abductors. Examination of the lumbar spine showed increased lordosis. The patient had a right antalgic gait. There was tenderness over the lumbosacral spine but no muscle spasm. There was limited and painful range of motion of the lumbar spine with hamstring tightness bilaterally. Extensor hallucis longus and gastroc/soleus bilaterally had muscle strength of 4/5. Lasegue's sign and Fabere maneuver were negative. Examination of the right knee showed moderate synovial thickening with tenderness to palpation and crepitus. Grind test was positive. There were varicose veins and pitting edema in both lower extremities with swelling of both legs. There was also limited and painful range of motion of the right knee. Examination of the right ankle showed tenderness and limited range of motion as well. A

Utilization review from November 13, 2013 denied the request for physical therapy 2xWk x 6Wks, right shoulder, right knee, right ankle and lumbar because the proposed goals and methods of the request were not apparent in the records. &uacute;

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **PHYSICAL THERAPY 2 TIMES A WEEK TIMES 6 WEEKS FOR THE RIGHT SHOULDER, RIGHT KNEE, RIGHT ANKLE AND LUMBAR: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Knee & Leg, Ankle and Foot, Low Back, Section Physical therapy

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

**Decision rationale:** According to pages 98-99 of the Chronic Pain Medical Treatment Guidelines, a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment are paramount. In this case, the patient previously had 3 sessions of physical therapy, which did not provide benefit according to the medical records. In addition, patients are expected to continue active therapies at home in order to maintain improvement levels. There is no indication for continued physical therapy; therefore, the request for PHYSICAL THERAPY 2 TIMES A WEEK TIMES 6 WEEKS FOR THE RIGHT SHOULDER, RIGHT KNEE, RIGHT ANKLE AND LUMBAR is not medically necessary.