

<b>Case Number:</b>	CM14-0101485		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	07/19/2010
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 is a 65-year-old male with date of injury of 07/19/2010. The listed diagnoses per [REDACTED] from 05/30/2014 are status post bilateral knee arthroscopic surgery with degenerative joint disease, bilateral shoulder impingement, rule out rotator cuff pathology/radiculitis and multilevel lumbar discopathy with radiculitis with anterolisthesis at L3 - L4. According to this report, the patient complains of lumbar spine pain with radiation into the lower extremities. The symptomatology in the patient's bilateral shoulders, bilateral knees and bilateral feet has not changed significantly. The examination of the bilateral shoulders shows tenderness anteriorly. There is a positive Hawkin's sign and Impingement sign and limited shoulder range of motion. The lumbar spine reveals pain and tenderness right across the iliac crest into the lumbosacral spine. Standing flexion and extension are guarded and restricted. Radicular pain component in the lower left extremity is noted to be the L5 and S1 roots and dermatomes. Tenderness is present in the left plantar aspect of the heel and sole consistent with plantar fasciitis and pain with forced dorsiflexion on the right foot. The utilization review denied the request on 06/18/2014.

### 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 for 8 weeks, Lumbar Bilateral Shoulders, Bilateral Foot and Ankle.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter (Updated 6/10/14), Official Disability Guidelines (ODG) Shoulder (Updated 4/25/14), Official Disability Guidelines (ODG) Ankle & Foot (Updated 3/26/14)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Outcomes and Endpoints; Physical Medicine Page(s): 8; 98-99.

**Decision rationale:** This patient presents with bilateral shoulder, bilateral knees, and bilateral foot and ankle pain. The physician is requesting 16 physical therapy visits for the bilateral shoulders, bilateral foot and ankle. The MTUS guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for various myalgia's and neuralgias. The physical therapy reports from 10/25/2013-11/22/2013 show eight physical therapy visits. The 11/22/2013 PT report notes decreased range of motion, strength, and flexibility with decreased activity tolerance. The patient reports difficulty with functional and work activities. In this case, the patient has received eight physical therapy visits recently with no significant improvement in symptoms. The MTUS Guidelines page 8 on chronic pain requires satisfactory response to treatment including increased levels of function, decreased pain or improved quality-of-life for on-going treatments. MTUS only allows up to 10 sessions for the kind of condition this patient suffers from. Therefore the request is not medically necessary.