

<b>Case Number:</b>	CM14-0016308		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	12/09/2008
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 and 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 46-year-old female with a date of injury of 12/09/2008. The listed diagnoses per [REDACTED] are: 1. Chronic musculoligamentous cervical spine sprain/strain. 2. Potential right shoulder subacromial impingement syndrome. 4. Chronic musculoligamentous lumbar spine strain/sprain. 5. Right knee pain. 6. Left knee pain, medial and lateral meniscus tears. 7. Chronic sprain of the lateral ligaments of the right ankle. 8. Apparent significant psychiatric abnormalities. According to report dated 01/23/2004 by [REDACTED], the patient presents with continued complaints of lower back and left knee pain. The patient underwent a left knee arthroscopy with a partial medial meniscectomy plus a partial lateral meniscectomy on 12/24/2012. The patient states the left knee pain has increased and is constant. The patient also complains of neck pain that is constant and has recently increased. The neck pain is located at the base of her skull with radiation of the pain from her neck down to her entire back. There is also bilateral shoulder pain noted and ongoing lower back pain. The patient states her low back pain has increased and is located across her lower back with occasional radiation of pain from her lower back down her left leg. The patient is currently taking two (2) tablets of Norco daily as well as utilizing Biofreeze for her neck, shoulders, back, and knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 SESSIONS OF PHYSICAL THERAPY (2 X PER WEEK FOR 6 WEEKS) FOR THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, TREATMENT FOR WORKERS' COMPENSATION, ONLINE EDITION, CHAPTER: LOW BACK.

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

**Decision rationale:** This patient presents with chronic pain of the upper and lower back, shoulders, and knees. The treater is requesting twelve (12) sessions of physical therapy two (2) times per week for six (6) weeks for the lumbar spine. The medical records indicate that the patient received twelve (12) physical therapy sessions ending on 04/08/2013. The review of the physical therapy reports indicates that these sessions targeted the patient's complaints of knee pain. The medical records provided for review do not indicate that the patient has had any therapy addressing the lumbar spine issues. However, the treater's request for twelve (12) sessions exceed what is allowed by the guidelines for myalgia/myositis type of condition. The Chronic Pain Guidelines recommend nine to ten (9 to 10) visits over eight (8) weeks for myalgia and myositis. Recommendation is for denial.