

<b>Case Number:</b>	CM14-0018211		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	03/19/2012
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 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:

Injured worker is a female with date of injury 3/19/2012. Per workers' compensation primary treating physician's re-evaluation report by the requesting provider, the injured worker complains of bilateral shoulder pain, right greater than left, bilateral knee pain, neck and lower back pain. She is doing physiotherapy two times per week. The physiotherapy helps with the cervical spine and lumbar spine pain temporarily. She has neck and back pain with numbness, tingling, and pain in the left leg with weakness, and numbness and tingling into the bilateral hands. EMG and NCV tests showed bilateral carpal tunnel syndrome, right worse than left. She was evaluated by pain management specialist and has first lumbar spine epidural resulting in less left leg radiculopathy symptoms. She had knee cortisone injections, which have helped. She reports being scheduled for left shoulder surgery. She is also status post right shoulder surgery and was frozen, but now improving with therapy. Her right shoulder range of motion has improved since last office visit. On exam reflexes are normal. She has palpable tenderness of the lumbar spine, cervical spine, mid back, bilateral lateral deltoid, supraspinatus, and anterior shoulder at intertubercular groove. Left shoulder has healing post surgical scar from arthroscopic surgery, without signs of complication or infection. She was not able to perform heel walking or toe walking tests. Cervical distraction for nerve root compression positive bilateral. Straight leg raise positive bilateral with weakness in left leg. Cervical spine is tender to palpation with spasm. Lumbar spine is tender to palpation. Bilateral knees have positive McMurray's and tenderness to palpation. Cervical range of motion is reduced. Lumbosacral range of motion is reduced. Bilateral shoulders range of motion is reduced, left worse than right. Bilateral knee range of motion shows reduced flexion, right worse than left. Diagnoses include 1) sacroiliac sprain/strain 2) lumbar disc bulge with radiculitis, worsening 3) cervical disc bulge with radiculitis 4) internal derangement of knees 5) bilateral shoulder tendonitis 6) bilateral rotator cuff syndrome, status

post right shoulder surgery 1/2013 7) migrains 8) left ear pain 9) bilateral carpal tunnel syndrome, right worse than left.

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

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

#### **PHYSICAL THERAPY FOR THE LUMBAR SPINE: Upheld**

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

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

**Decision rationale:** Physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort is supported by the MTUS guidelines. This injured worker has reportedly participated in at least 70 physical therapy sessions already. Some of this therapy may have been under the Post-Surgical Treatment Guidelines, and not solely under the Chronic Pain Medical Treatment Guidelines. Regardless, the injured worker has had many physical therapy sessions, and it is expected that physical therapy will be provided at reduced frequency and for only a limited amount of sessions as the patient replaces therapist-directed therapy with a self-directed home exercise program. With 70 sessions of physical therapy, the injured worker should be more than prepared to continue her therapy and rehabilitation with a home exercise plan. If she is not, this is not indicated by the medical documentation. Additionally, this request does not include the number of sessions to be provided for injured worker to reach an expected increase in function. The request for physical therapy for the lumbar spine is determined to not be medically necessary.

#### **PHYSICAL THERAPY FOR THE LEFT SHOULDER: Upheld**

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

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

**Decision rationale:** Physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort is supported by the MTUS guidelines. This injured worker has reportedly participated in at least 70 physical therapy sessions already. Some of this therapy may have been under the Post-Surgical Treatment Guidelines, and not solely under the Chronic Pain Medical Treatment Guidelines. Regardless, the injured worker has had many physical therapy sessions, and it is expected that physical therapy will be provided at reduced frequency and for only a limited amount of sessions as the patient replaces therapist-directed therapy with a self-directed home exercise program. With 70 sessions of physical therapy, the injured worker should be more than prepared to continue her therapy and rehabilitation with a home exercise plan. If she is not, this is not indicated by the

medical documentation. Additionally, this request does not include the number of sessions to be provided for injured worker to reach an expected increase in function. The request for physical therapy for the left shoulder is determined to not be medically necessary.

**PAIN MANAGEMENT EVALUATION:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Criteria for Use of Opioids section, Opioids Dosings.

**Decision rationale:** The MTUS guidelines recommend consultation with pain management if opioid are required for extended periods (beyond what is usually required for the condition) or if pain does not improve on opioids in three months. Pain management consultation is also recommended for the rare case when total daily opioid therapy exceeds 120 mg oral morphine equivalents. There is no indication that the injured worker needs pain management evaluation. The medications she is being prescribed includes Naprosyn, Omeprazole, topical transdermal creams, and Flexeril. The request for pain management evaluation is determined to not be medically necessary.