

<b>Case Number:</b>	CM14-0159907		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	11/15/2013
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 58-year-old female who sustained a work related injury on 11/15/2013 as result of a slip on fall. Since then she's complained of right shoulder, lower back and bilateral knee pain. Examination of the shoulder identifies decreased range of motion, positive orthopedic provocative testing (Neer's, Hawkin's) with reported pain reproduction during range of motion. Lumbar spine examination reveals spasm in the lower lumbar area, pain with motion and tenderness upon palpation about the lower lumbar region with a positive Lasegue's test on the right. Bilateral knee examination identifies tenderness to palpation along the medial joint line, crepitus and pain with motion. McMurray's sign is positive. Range of motion is to 120 degree of flexion. Neurologically, strength is measured as 5/5 at the bilateral upper and lower extremities. In dispute is a decision for physical therapy three times four weeks - bilateral low back area and bilateral knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3x4 weeks - Bilateral Low back Area and Bilateral Knees:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 11-12, 98-99.

**Decision rationale:** In general it is recommended that active therapy was found to be of greater benefit than passive therapy. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Patients shall be reevaluated following continuation of therapy when necessary or no later than every forty-five days from the last evaluation to document functional improvement to continue physical medicine treatment. Frequency of visits shall be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals. If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. Afterward and with documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The patient has already been afforded physical therapy for her shoulder injury / pain. I found no documentation regarding her lower back or knee. The request for physical therapy regarding the lower back and knee was initiated per an initial ortho eval report dated June 27, 2014. As she's not had physical therapy for this area, the request is medically necessary to assist with return of functionality and pain reduction.