

<b>Case Number:</b>	CM14-0170466		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	02/17/2005
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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:

66 year old female injured at work on 17 Feb 2005 when she fell, landing on her right side. She was diagnosed with chronic neck strain associate with mild multiple level degenerative disc disease, Impingement syndrome right shoulder, chronic low back pain with associated multiple level degenerative disc disease and grade 1 spondylolisthesis, right knee medical meniscus tear, and chronic ankle strain. Comorbid conditions include diabetes mellitus, obesity (BMI=34.77) and hypertension. Presently she complains of constant moderate neck pain with ration to shoulders and clicking when she rotates her neck. She has right hand weakness and intermittent right wrist pain. She has moderate low back pain with radiation into her buttocks and right leg. She has constant moderate right knee pain as well as occasional popping and clicking - it also occasionally gives way. Examination (Sep 2014) showed moderate tenderness over spinous processes extending into the paraspinal muscles and the trapezii and decreased range of motion. Right shoulder has decreased range of motion and moderate to severe tenderness and rotator cuff weakness (4/5). Lumbar exam showed decreased range of motion and paraspinal/sacroiliac tenderness. Right knee showed decreased range of pain and tenderness on medial and lateral side of joint. Lumbar MRI (7 Jan 2014) showed mild degenerative changes. Treatment has included right knee surgery, right shoulder surgery, physical therapy, home exercises, epidural steroid injections and medications (Norco, Prilosec, Lidocaine patches). After 4 sessions of low back physical therapy she was noted in early Aug 2014 to have moderate benefit from the therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, cervical spine, upper back, right shoulder, twice weekly for 6 weeks, Qty: 12:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 48-49; 174, 181-2; 230-1, Chronic Pain Treatment Guidelines Part 1; Part 2 Page(s): 1-3, 6, 8; 98-9.

**Decision rationale:** Physical therapy can be active or passive. Passive may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the physical therapy office and at home is more likely to result in a return to functional activities. With goal directed physical therapy the resultant benefit, even if initiated after neck surgery, should be apparent by the 24 sessions as recommended in the MTUS. The physical therapy treatment on this patient's lower back did show moderate improvement after just 4 sessions. As defined by the MTUS, the improvement should be in activities of daily living or a reduction in work restrictions. However, the medical records available for review did not go into the details of the moderate benefits the patient experienced. Still, the benefits occurred early in therapy. It is reasonable to expect similar benefits from physical therapy to the neck, upper back and shoulders. Therefore, for this case a trial of physical therapy of the neck, upper back and right shoulder would be potentially helpful and thus indicated in the treatment of this patient.