

<b>Case Number:</b>	CM14-0174992		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	10/26/1995
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 and is licensed to practice in Illinois. 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 injured worker is a 65 year old female who reported an injury on 10/26/1995. The mechanism of injury was not included in the documentation submitted for review. Her diagnoses were noted to include cervical stenosis, status post left knee arthroscopy, degenerative scoliosis of the lumbar spine, Herniated nucleus pulposus at C5-C6 and C6-C7, radiculopathy to bilateral upper extremities and left wrist mass. The documentation noted the past treatments to include cervical epidural steroid injections, medication, physical therapy, and left knee arthroscopy. The pertinent diagnostic studies and surgical history were not included in the documentation submitted for review. On 08/11/2014, the injured worker complained of constant neck pain rated 5/10, intermittent left wrist pain rated 4/10, frequent back pain rated 5/10 and constant left knee pain rated 5/10. She denied numbness or tingling. The physical exam noted tenderness to the left wrist over the extensor tendons. Range of motion was decreased by approximately 50 percent in her left wrist. The injured worker had paraspinal spasms and tenderness to the lumbar spine. Her motor examination revealed weakness in the extensor hallucis longus and tibialis anterior muscle groups on the right at 4/5. There was mild effusion noted to the left knee. There was a positive crepitus and Grind test with noted medial and lateral joint tenderness. Her left knee was noted to 130/150 degrees flexion and 0/0 degrees extension. Her medications were noted to include Motrin. The treatment plan was noted to include physical therapy for strengthening. The request for authorization dated 08/11/2014 was included in the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 Physical Therapy sessions for the cervical spine, lumbar spine, left wrist and left knee:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Guidelines.

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

**Decision rationale:** The California MTUS Guidelines recommend 8 to 10 visits over 4 weeks for patients who demonstrate objective functional deficits such as decreased muscle strength and decreased range of motion. The guidelines also state that patients are instructed to and expected to continue active therapies at home in extension of the treatment process in order to maintain improvement levels. The documentation submitted for review stated the injured worker received steroid injections and was taking Motrin to help alleviate the pain. The documentation also noted the injured worker had a decrease in range of motion to her left wrist of about 50 percent, and her left knee range of motion noted as flexion at 130/150 degrees and extension at 0/0 degrees. The documentation did not include a recent assessment of the injured worker's cervical spine and lumbar spine range of motion and strength. Additionally, the request fails to indicate the frequency and duration of physical therapy. As such, the request is not medically necessary.