

<b>Case Number:</b>	CM14-0023188		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	08/18/2013
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 who was injured on 8/8/13 when she fell on a water spill. She has been diagnosed as having lumbago (low back pain). According to the 1/9/14 progress note from [REDACTED], the patient presents with back pain with minimal improvement, but has six (6) physical therapy (PT) sessions remaining. The plan was to continue PT and medications and if the PT does not improve the pain, she may require pain management referral. On 1/27/14, the utilization review (UR) reviewed the medical reports dated 1/9/14 and 12/20/13, noting that the patient had ten (10) sessions of PT with minimal improvement. The recommended against PT two (2) times a week for three (3) weeks for the right knee, two (2) times a week for three (3) weeks for the right shoulder and two (2) times a week for three (3) weeks for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR THREE (3) WEEKS FOR RIGHT KNEE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy Guidelines

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

**Decision rationale:** The patient presents with pain in her low back, right knee and shoulder from a slip and fall on 8/8/13. She had ten (10) sessions of physical therapy (PT) with minimal improvement. I have been asked to review for six (6) additional sessions for the right knee. The Chronic Pain Guidelines recommend up to eight to ten (8-10) sessions of PT for various myalgias and neuralgias. The request for six (6) sessions of PT when combined with the ten (10) prior sessions, will exceed the guideline recommendations.

**PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR THREE (3) WEEKS FOR RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical therapy Guidelines

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

**Decision rationale:** The patient presents with pain in her low back, right knee and shoulder from a slip and fall on 8/8/13. She had ten (10) sessions of physical therapy (PT) with minimal improvement. I have been asked to review for six (6) additional sessions for the right shoulder. The Chronic Pain Guidelines recommend up to eight to ten (8-10) sessions of PT for various myalgias and neuralgias. The request for six (6) sessions of PT when combined with the ten (10) prior sessions, will exceed the guideline recommendations.

**PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR THREE (3) WEEKS FOR 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 (ODG), Physical therapy Guidelines.

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

**Decision rationale:** The patient presents with pain in her low back, right knee and shoulder from a slip and fall on 8/8/13. She had ten (10) sessions of physical therapy (PT) with minimal improvement. I have been asked to review for six (6) additional sessions for the low back. The Chronic Pain Guidelines recommend up to eight to ten (8-10) sessions of PT for various myalgias and neuralgias. The request for six (6) sessions of PT when combined with the ten (10) prior sessions, will exceed the guideline recommendations.