

<b>Case Number:</b>	CM14-0024724		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	07/07/1999
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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:

This is a 65-year old female with a history of work related injury to her right knee on 07/07/1999 and to her right shoulder on 11/12/1996. From the medical documentation provided, she has ongoing right knee, right shoulder, and back pain. Her pain encompasses the right side of her body from her right shoulder to her right toe with the pain described as achy, dull, sharp, stabbing, burning, gnawing, stinging, cramping, shooting, nagging, severe, throbbing and radiating pain. Her pain is 8/10 on a 1 to 10 scale that is constant and lasts all day long. Her pain is exacerbated by bending, carrying, crouching, driving, exercising, fatigue, lifting, light touch, as well the performance of activities of daily living. She has difficulty sleeping because of her pain. Examination reveals a decreased cervical range of motion (predominately right rotation and extension). Right shoulder exam reveals a positive Hawkins's and Speed sign. She has a positive McMurray's test of her right knee. She is neurovascularly intact in bilateral upper and lower extremities. She has tried orthotics, H-wave therapy, transcutaneous electric nerve stimulation (TENS) unit and medications with 40 to 80% relief noted. An MRI of the right shoulder dated 02/18/13 reveals a full thickness tear of the supraspinatus tendon with moderate retraction, moderate atrophy of both the supraspinatus and infraspinatus muscle bellies, a developing thin interstitial tearing /splitting in the subscapularis with a sub coracoid bursitis. In addition there is a fraying or partial tearing of the transitional portion of the long biceps tendon. An Acromioclavicular joint undersurface spur is noted. Her current treatment regimen includes Norco (10/325, 1 tab every 4 hours), Cymbalta (30 mg, 1 tab daily), Lidoderm 5% patch applied to affected area every 12 hours on (then 12 hours off), Terocin lotion (applied to affected area as needed for pain) and Soma 350 mg (1 tablet every 4-5 hours as needed). The patient has undergone steroid injection to her right knee and right shoulder. She also completed a 5 shot series of Hyalgan to her right knee with expressed goal of decreasing her right knee pain by 60%.

In dispute is a decision for physical therapy 2 times a week for five weeks to work on the patient's right knee and right shoulder to help return her back to baseline, assist with quad, hamstring and gastric strength and allow fading of treatment frequencies to an independent self-directed home exercise program.

### **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 FIVE (5) WEEKS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The provided medical documentation made no mention of previous physical therapy. It is obvious the patient has both right shoulder and knee musculoskeletal pain with corroborative (via right shoulder MRI) findings on imaging studies. As such, the request is medically necessary and appropriate.