

<b>Case Number:</b>	CM14-0046929		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/17/2013
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Sports Medicine and is licensed to practice in New York and Texas. 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 54-year-old female who reported an injury on 12/17/2013. The mechanism of injury was noted to be the injured worker falling down 3 flights of stairs. Her prior treatments were noted to be chiropractic care, physical therapy, nonsteroidal anti-inflammatory drugs, and hot and cold therapy. Her diagnoses were noted to be lumbago, left knee contusion, and bilateral knee osteoarthritis. A clinical evaluation on 02/06/2014 noted the injured worker complained of continuous pain in the right shoulder radiating to the neck. She stated this pain was aggravated by reaching overhead, behind, and to the sides, attempting to lift, carry, push or pull, and lying on her right side. The injured worker rated her pain a 6 and at times an 8 on a scale of 1 to 10. The physical examination found the injured worker walking with a limp favoring the right side. It was noted she used a crutch. The range of motion of the cervical spine was noted to be flexion 30 degrees, extension 40 degrees, right rotation 60 degrees, left rotation 50 degrees, right lateral flexion 30 degrees, and left lateral flexion 30 degrees. Palpation of the levator scapulae revealed tenderness and hypertonicity on the right side. Palpation of the trapezius muscles revealed tenderness and hypertonicity bilaterally. The cervical compression test was positive. The Spurling's test was positive on the right side. Muscle strength was 4/5 in the C5 muscle group on the right side and 5/5 on the left side. Muscle strength was 5/5 in the C6 and C7 muscle groups bilaterally. Deep tendon reflexes were 2+ in the C5 muscle groups bilaterally. Sensation was normal in the C5, C6, and C7 nerve distributions bilaterally. The physical examination of the lumbar spine indicated flexion 30 degrees, extension 10 degrees, right lateral bending 10 degrees, and left lateral bending 10 degrees. Palpation of the lumbar paraspinal revealed tenderness and hypertonicity bilaterally. Palpation of the lumbar spine revealed tenderness. Straight leg raise was positive at 60 degrees on the right side and was

negative on the left side. Kemp test was positive bilaterally. The injured worker was able to heel and toe walk bilaterally. Clonus was absent bilaterally. Muscle strength was 5/5 in the L4 muscle group on the right. Muscle strength was 4/5 in the L5 and S1 muscle groups on the right side. Muscle strength was 5/5 on the left side in the S1 muscle group. Deep tendon reflexes were 2+ in the L4 muscle groups bilaterally. Sensation was normal in the L4 nerve distribution bilaterally and in the L5 and S1 nerve distributions on the left side. Sensation was decreased in the L5 and S1 nerve distributions on the right side. The examination of the knees included range of motion flexion 20 degrees and extension 0. Palpation of the medial joint line and lateral joint line revealed tenderness on the left. The treatment plan included physical therapy 2 times per week for 6 weeks for the cervical spine, lumbar spine, and the left knee. In addition, the treatment plan included an MRI of the lumbar spine and an injection to the left knee. The provider's rationale for the requested therapy was provided within the clinical evaluation, dated 02/06/2014. The request for authorization of medical treatment was dated 02/27/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy 2 X/ week X 6 weeks, body parts cervical spine, lumbar spine, left knee:**  
Upheld

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

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

**Decision rationale:** The request for PT 2 times per week times for 6 weeks for the cervical spine, lumbar spine, and left knee is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend physical therapy indicating the philosophy that therapeutic exercise and/or activity are 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The guidelines indicate for symptoms of neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. A clinical evaluation, on 02/06/2014, notes the injured worker having objective functional deficits in range of motion of the cervical spine, lumbar spine, right shoulder, and left knee. In addition to the range of motion values, the motor strength numbers are only slightly impaired. The number of PT visits requested exceeds the number allowed or recommended by the guidelines. It is also unclear how many physical therapy sessions the injured worker has had previously and if those provided any efficacy. Therefore the request for PT 2 times per week times for 6 weeks for the cervical spine, lumbar spine, and left knee is not medically necessary.

