

<b>Case Number:</b>	CM14-0047699		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/07/2009
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Inteventional 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 64-year-old female with a date of injury of 8/7/09. The listed diagnoses per [REDACTED] are cervical radiculopathy, cervical sprain/strain, lumbar radiculopathy, lumbar sprain/strain, left shoulder impingement syndrome, left shoulder sprain/strain, right carpal tunnel syndrome, tight wrist sprain/strain, right knee meniscus tear, and left knee meniscus tear. According to the progress report dated 5/15/14 by [REDACTED], the patient presents with neck, low back, left shoulder, right wrist, and bilateral knee pain and stiffness. The cervical spine revealed tenderness to palpation of the bilateral upper trapezius and cervical paravertebral muscles. Shoulder depression caused pain bilaterally. Examination of the lumbar spine revealed tenderness to palpation of the bilateral SI joints, lumbar paravertebral muscles, sacrum, and spinous processes. Straight leg raise caused pain bilaterally. Examination of the left shoulder revealed tenderness to palpation of the acromioclavicular joint, anterior shoulder, and supraspinatus. Neer's test caused pain. Examination of the bilateral wrists revealed tenderness to palpation. There is a positive Phalen's and McMurray's tests which caused pain. Examination of the bilateral knee revealed tenderness of the lateral joint line, medial joint line, and superior border of the patella.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Once A Week For Two WeeksCervical:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** For physical medicine, the MTUS Guidelines recommend 9 to 10 physical therapy sessions over 8 weeks for myalgia and myositis. Treatment history is not provided in the medical file. Given the patient's complaints of pain and tenderness, a short course of two sessions may be warranted. As such, the request is medically necessary.

**Physical Therapy Once A Week For Two WeeksLumbar: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** For physical medicine, the MTUS Guidelines recommend 9 to 10 physical therapy sessions over 8 weeks for myalgia and myositis. Treatment history is not provided in the medical file. Given the patient's complaints of pain and tenderness, a short course of two sessions may be warranted. As such, the request is medically necessary.

**Physical Therapy Once A Week For Two WeeksRight Wrist: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** For physical medicine, the MTUS Guidelines recommend 9 to 10 physical therapy sessions over 8 weeks for myalgia and myositis. Treatment history is not provided in the medical file. Given the patient's complaints of pain and tenderness, a short course of two sessions may be warranted. As such, the request is medically necessary.

**Physical Therapy Once A Week For Two WeeksBilateral Knees: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** For physical medicine, the MTUS Guidelines recommend 9 to 10 physical therapy sessions over 8 weeks for myalgia and myositis. Treatment history is not provided in the medical file. Given the patient's complaints of pain and tenderness, a short course of two sessions may be warranted. As such, the request is medically necessary.