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| <b>Case Number:</b>   | CM14-0048421 |                              |            |
| <b>Date Assigned:</b> | 07/07/2014   | <b>Date of Injury:</b>       | 02/02/2005 |
| <b>Decision Date:</b> | 10/15/2014   | <b>UR Denial Date:</b>       | 03/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/28/2014 |

### 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 Nevada. 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 records, presented for review, indicate that this 70-year-old female was reportedly injured on February 2, 2005. The mechanism of injury was noted as restraining a child. The most recent progress note, dated April 9, 2014, indicated that there were ongoing complaints of low back pain radiating to the left greater than right lower extremity, right shoulder pain, neck pain, and bilateral knee pain. No physical examination was performed on this date. A physical examination, dated March 2, 2014, indicated tenderness at the anterior and superior aspects of the right shoulder. There was mildly decreased shoulder range of motion in all directions. Examination of the knees indicated a bilateral effusion and inability to fully flex. The examination of the lumbar spine indicated tenderness of the paraspinal muscles as well as the facet joints from L3 through S2. There were decreased lumbar spine range of motion and difficulty with performing heel/toe walking. Diagnostic nerve conduction studies indicated a bilateral lumbar radiculopathy at L4 and L5. Previous treatment included a right and left knee totally arthroplasty and right toe surgery. A request had been made for six sessions of physical therapy for the lumbar spine, bilateral knees, and right shoulder and was not certified in the pre-authorization process on March 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 6 (six) Sessions (lumbar spine, bilateral knees, and right shoulder):**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
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**Decision rationale:** The injured employee has sustained an injury over nine years ago and has almost certainly participated in physical therapy for the affected body parts during that time and undoubtedly has participated in postoperative physical therapy after her knee arthroplasty surgeries. Considering this, the injured employee should have transitioned to a home exercise program emphasizing range of motion and strength. As such, and without additional justification, this request for six sessions of physical therapy for the lumbar spine, bilateral knees, and right shoulder is not medically necessary.