

<b>Case Number:</b>	CM14-0055872		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	12/10/2008
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 Illinois. 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 57-year-old female who reported an injury on 12/10/2008. The mechanism of injury was noted to be a fall. Prior treatments included physical therapy, chiropractic therapy, cortisone injections and medications. Her diagnoses were noted to be right shoulder chronic strain, right shoulder rotator cuff repair, right shoulder bursitis, right shoulder arthrosis, right elbow osteoarthritis, right knee chondromalacia, right knee osteoarthritis, and right knee meniscus tear. The injured worker had a physical examination on 05/07/2014. She reported shoulder pain, knee pain, and elbow pain. The physical examination indicated tenderness to palpation over the entire shoulder. There was tenderness to palpation on the medial aspect of the knee. There was tenderness to palpation over the medial joint line of the left knee. The treatment plan was for consideration of a steroid injection into the left elbow. In addition, an MRI of the left knee to rule out a meniscal tear. The provider's rationale for the request was not provided within the documentation. The Request For Authorization for medical treatment was not provided within the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 physical therapy sessions, 2 times per week for 4 weeks, lumbar spine:** Upheld

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

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend physical therapy. Active therapy is based on the philosophy that therapeutic 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. The 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 exercises can include exercise with or without mechanical assistance or resistance in functional activities with assistive devices. The physical medicine 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 include 9 to 10 visits over 8 weeks. According to the most recent clinical evaluation provided for review, there is not a physical examination of the lumbar spine included in the primary treating physician's progress report dated 05/07/2014. It is not noted that there are measurable objective functional deficits. The evaluation does not indicate range of motion values or motor strength scores. It is not indicated that the injured worker has any complaints of pain or tenderness to palpation upon examination in the lumbar spine region. Therefore, the request for 8 physical therapy sessions, 2 times per week for 4 weeks, lumbar spine, is not medically necessary.