

<b>Case Number:</b>	CM14-0067245		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/11/2010
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 70 year old female with a work injury dated 3/11/10. The diagnoses includes cervical disc displacement without myelopathy; lumbar disc displacement without myelopathy; shoulder joint pain; lower leg joint pain; psychogenic pain; and chronic pain. She developed pain from her work injury in the shoulder, spine, low back, right elbow, right wrist, and right knee. An MRI of the knee showed severe patellofemoral joint disease as well as degenerative meniscus tear at the medial meniscus of the right knee. An MRI of the left shoulder showed partial tear of the subscapularis tendon and supraspinatus tendon. An MRI of the lumbar spine showed annular bulging at multiple levels, mild-to-moderate subarticular recess stenosis at L4-L5 as well as facet arthrosis at multiple levels, especially at L5-S1 and L3-L4. An MRI of the cervical spine showed a slight retrolisthesis at C4 and C5. An MRI of the wrist showed evidence of sprain and strain while an MRI of the elbow showed evidence of chronic strain. The prior treatments include chiropractic care, physical therapy, and acupuncture and medication management. Under consideration is a request for 6 Months Physical Therapy Membership. There is a 4/23/14 utilization review appeal document that states that the patient continues to have chronic neck, left shoulder, low back, and left knee pain. She has had multiple cumulative trauma injuries working as a flight attendant for over 30 years. She continues to have pain in the neck, left shoulder, and upper back. She has not been able to continue with her exercises with the personal trainer due to financial reasons, and the decrease in exercise has also decreased her stamina for activity. On examination lumbar range of motion was decreased. Extension loading of the lumbar facets was painful on the right. Palpation of the lumbar paraspinal musculature shows pain and spasm on both sides. There was decreased range of motion at the cervical spine. Palpation of the cervical paraspinal muscles reveal spasm greater on left versus right with spasm extending into the left

trapezius Examination of the shoulder reveals pain with flexion and abduction bilaterally and range of motion impingement signs are positive bilaterally. The document states that regarding the denial of 6 month physical therapy membership, the patient is having a flare up of pain and has limited cervical, lumbar, and shoulder range of motion. She was seeing a personal trainer and paying out of pocket in 2011. She has not had access to physical therapy for these years due to financial reasons, and she notes having more stiffness in the back and decreased mobility. The therapy session helped her symptoms and improved her activity tolerance. The document states that for these reasons the request for 6 months of PT membership is warranted.

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

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

#### **6 Months Physical Therapy Membership: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic-gym membership.

**Decision rationale:** 6 Months Physical Therapy Membership is not medically necessary per the MTUS Guidelines. The guidelines state that for physical therapy 8-10 visits would be recommended for the patient's condition. The request for a 6 month physical therapy membership is not medically necessary as it far exceeds the recommended limit for physical therapy for this condition. The documentation indicates the patient has paid out of pocket in the past for a personal trainer. In regards to any type of gym membership the MTUS does not specifically address gym memberships. The ODG does not recommend gym membership as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. The documentation submitted does not reveal evidence of home exercise assessment or revision. The request for 6 Months Physical Therapy Membership is not medically necessary.