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| <b>Case Number:</b>   | CM14-0071888 |                              |            |
| <b>Date Assigned:</b> | 07/16/2014   | <b>Date of Injury:</b>       | 10/26/2009 |
| <b>Decision Date:</b> | 08/14/2014   | <b>UR Denial Date:</b>       | 04/30/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/19/2014 |

### 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 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 52-year-old female with date of injury of 10/26/2010. The listed diagnoses per [REDACTED] dated 02/25/2014 are: 1. Rotator cuff displacement. 2. Pain in the limb. 3. Lumbar disk displacement with myelopathy. 4. Lumbosacral disk degeneration. 5. Mild osteoarthritis of the left hip. According to this report, the patient complains of back and hip pain. The patient complains of high level pain in her toes, left shoulder, and right finger. The patient has been going to physical therapy 2 times a week and feels it's really helping. She rates her shoulder pain 3/10. She rates her left hip pain 4/10. She reports her pain is 7/10 in the lumbar spine with aching and weakness. The physical exam shows the patient is well nourished well developed, in no acute distress. There is no abnormal curvature of the spine. There is tenderness to palpation over the left lumbar facets, left sacroiliac joint, left buttock, left lumbosacral region, left lateral hip. The skin is normal without swelling or erythema. Straight leg raise is positive on the left at 70 degrees. Gait is normal. Muscle tone without atrophy or abnormal movements. There is decreased toe extension in the left with numbness on the lateral aspect of the left foot. The utilization review denied the request on 04/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy evaluation (x1):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), chapter 7,page 127.

**Decision rationale:** This patient presents with back, hip, toe, left shoulder, and right finger pain. The treater is requesting 1 physical therapy evaluation. The ACOEM Guidelines page 127 states that occupational health practitioner may refer to a specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. The progress report dated 02/25/2014 documents that the patient has utilized physical therapy with benefit. In this case, the patient already has a history of physical therapy and a separate evaluation is not necessary to re-evaluate the patient. Recommendation is for denial.

**Additional physical therapy treatments (x12):** Upheld

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

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

**Decision rationale:** This patient presents with back, hip, toe, left shoulder, and right finger pain. The treater is requesting 12 additional physical therapy treatments. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The records do not show any recent or prior physical therapy reports to verify how many treatments the patient received and with what results. The progress report dated 02/25/2014 documents that the patient has been going to therapy 2 times a week but the duration was not specified. There is no explanation as to why on-going therapy is needed and why the patient is unable to transition into a home program. MTUS allows 9-10 sessions for the type of condition this patient suffers from. Recommendation is for denial.