

<b>Case Number:</b>	CM14-0177620		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	03/18/2013
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Occupational Medicine 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:

On 3/18/13 the injured worker fell while at work. The areas affected by pain after the fall are knee, center low back, right and left wrist, and bilateral midback. The injured worker was seen by her primary treating physical on 4/21/14 and 8/11/14 for a follow up evaluations. On 8/11/14 the injured worker was seen for left knee pain, center lower and bilateral mid back pain and right and left wrist pain. All pain began after the date of injury, March 18, 2013. Pain levels at this visit were noted as 2/10 for left knee, 7/10 center back, right wrist 2/10, left wrist 3/10 and bilateral midback 7/10. The pain ranges from radiating from left knee to ankle and buttocks, from right and left wrist elbows and forearms, to dull, sharp and aching in the back. Daily activities are affected and aggravated by the pain. Resting and lying down reduce some of the pain. Physical exam of the wrists reveals tenderness of the posterior and medial wrist on both sides. A phalen test was positive on the right. Physical exam of the lumbar spine noted tender areas, hypertonicity in lumbar region and trigger points are present in the erector spinae bilaterally. Straight leg raise was positive on the right and left. Kemps was positive on the right and left. Patrick-Fabere test was positive on the left. Miligrams test was positive. The SLR active left was the only lumbar orthopedic test that was positive for the injured worker. The sacroliliac evaluation noted positive results for Ely's sign left and right and Ely's test left, tenderness, discomfort and myofascial trigger point of gluteus bilaterally, hypertonicity of gluteus bilaterally. The knee tests on the left resulted in jump reflex and radiation of pain. A TP injection is again requested. The vagus median and McMurray's orthopedic tests were positive on the left. Thoracic spine evaluation reveals tender areas in thoracic region T9-12. Palpation demonstrates hypertonicity bilaterally and detects myofascial trigger points of erector spinae. Pain and tenderness in paravertebral muscles in T6-12 bilaterally. The visit from 8/11/14 indicated request for therapy sessions of spinal manipulation, therapeutic strengthening,

myofascial release and electronic muscle stimulation were requested for 2 times per week for 3 weeks. Nerve tests are also pending since the injured worker has had radiation of pain to legs since the injury. The treating physician's notes indicate prior CMT helped 50% and when withdrawn the pain is worsened. At this visit a left knee trigger point injection was requested and the injured worker was prescribed Anaprox 550mg, Prilosec 20mg, Temazepam /Restoril 15mg, and Tramadol 1/50mg. Diagnoses from the visit include multi level L/S discs, left knee tendonitis, thoracalgia myofascitis, wrist tenosynovitis bilaterally, lumbar myofascitis/myositis, lumbar muscle spasms, thoracic myalgia/myofascitis, thoracic muscle spasm and muscle spasms of buttocks bilaterally. Until an NCV/EMG is performed the injured worker is on TTD work status.

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

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

#### **6 Physical Therapy Sessions for the Thoracic Spine: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Current Edition, Low Back Disorders, Clinical Measures - Allied Health

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

**Decision rationale:** The Utilization Review report states that physical therapy is not recommended as medically necessary because "chiropractic care has also been endorsed. Therefore, there is no clear indication to repeating physical therapy modalities." According to MTUS guidelines, physical therapy is recommended as it is helpful in "controlling symptoms such as pain, inflammation and swelling to improve the rate of healing of soft tissue injuries." Past attempt of chiropractic treatment is not a contra-indication for attempting physical therapy. From a review of the records, there was not a mention of previous attempted physical therapy. The patient continues to have notable myalgia despite conservative therapy. The MTUS guidelines allow for an initial course of up to 9-10 physical therapy visits over 8 weeks. Consequently, based on the guidelines and review of the provided records, 6 sessions of physical therapy are indicated. Therefore, this request is medically necessary.