

<b>Case Number:</b>	CM14-0187204		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	09/11/2013
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Interventional Spine 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 34 year old male with an injury date of 09/11/13. Based on the progress report dated 09/25/14, the patient complains of pain in right shoulder, right wrist, right shin, and bilateral knees with 0% improvement since the last visit. The patient rates his right wrist pain at 5/10, right shoulder pain at 7/10, right knee pain at 6/10, and left knee pain of 8/10. The patient experiences occasional swelling in the shin and has difficulty walking. Pain in other parts is preventing the patient from performing activities of daily living that involve lifting, squatting, overhead motion, and stretching. Physical examination reveals mild tenderness to palpation on the trapezius and moderate tenderness to palpation over the cervical spine. There is pain with range of motion in neck and posterior shoulder. A physical examination of the right wrist reveals tenderness to palpation over hypothenar and pisiform. Physical examination of the bilateral knees reveals tenderness to palpation over the anterior medial aspect of the patella on both sides. In progress report dated 09/08/14 from another physician, the patient complains of neck pain and low back pain. Physical examination reveals tenderness to palpation in cervical, thoracic and lumbar spine diffusely with limited range of motion. There is diminished sensation at right C5 and C6 dermatomes. Straight leg raise is limited to 30 degrees bilaterally. Spurling's test causes pain in the center and sides of the neck. The slump test is positive bilaterally. The patient rates his neck, mid back and low back pain at 8/10 in progress report dated 08/27/14. Medications include Norco, Flexeril, and Lidopro cream, as per progress report dated 09/25/14. The patient has received 8 sessions of acupuncture in 2014 with minimal relief and 8 sessions of chiropractic treatment with some relief. The patient has had an injection (name not specified) on the left knee with only short-term relief. He has been doing home exercises and relying on salt water and ice for additional relief, as per the same progress report. The physician is requesting for (a) ongoing

follow ups with [REDACTED] for bilateral knees, right shoulder, bilateral ankles (b) eight sessions of physical therapy for cervical spine, thoracic spine, and lumbar spine. The utilization review determination being challenged is dated 10/17/14.

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

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

**Ongoing follow-ups with [REDACTED] for bilateral knees, right shoulder, and bilateral ankles:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127

**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), Independent medical examination and consultations. Ch:7 page 127

**Decision rationale:** This patient presents with pain in right shoulder, right wrist, right shin, and bilateral knees rated at 5-8/10, as per progress report dated 09/25/14. He also complains of neck and low back pain, as per progress report dated 09/08/14. The request is for ongoing follow ups with [REDACTED] for bilateral knees, right shoulder, bilateral ankles. The American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The patient has received four consultations with [REDACTED] from at least 04/10/14, as per the available progress reports. The patient presents with a variety of orthopedic problems including pain in right shoulder, wrist, shin and bilateral knees. Further care and treatment from the orthopedician may help manage symptoms and overcome them. The request is medically necessary.

**Eight sessions of physical therapy for the cervical spine, thoracic spine and lumbar spine:** Overturned

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

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

**Decision rationale:** This patient presents with pain in right shoulder, right wrist, right shin, and bilateral knees rated at 5-8/10, as per progress report dated 09/25/14. He also complains of neck

and low back pain, as per progress report dated 09/08/14. The request is for eight sessions of physical therapy for cervical spine, thoracic spine, and lumbar spine. The MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the review of the available reports indicates no prior physical therapy but given the date of injury from 2013, the patient likely had some therapy. The physician does not explain why additional therapy is being requested. There is no discussion as to why the patient is unable to rely on home exercises. However, given the patient's high level of pain that is affecting the patient's ADL's and function, a short course may be reasonable to provide given no recent therapy. The patient suffers from pain in lumbar and cervical spine rated at 8/10, as per progress report dated 08/27/14. There is tenderness to palpation in thoracic, cervical and lumbar spine. The patient has been diagnosed with degenerative disc disease of lumbar, thoracic and cervical spine. The physician's request for eight sessions of physical therapy falls within the range recommended by MTUS. The request is medically necessary.