

<b>Case Number:</b>	CM14-0191065		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	05/29/2014
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 injured worker sustained a work-related injury on 5/29/14 after a vacuum he was carrying caught on fire and caused him to fall on a wall. According to the treating physicians report dated 9/25/14, the injured worker complains of persistent pain in the neck, low back, left shoulder, and right knee. Exam findings include tenderness and decreased range of motion in the cervical spine. Lumbar exam reveals tenderness, decreased range of motion and positive Kemp's test. Exam findings in the shoulder include positive impingement test. Exam findings in the knee were reported as tenderness in the knee and positive McMurray's test. The current diagnoses are: 1. Cervical sprain/strain and muscle spasm 2. Lumbar sprain/strain and muscle spasm 3. Right knee sprain/strain 4. Left shoulder sprain/strain/impingent The utilization review report dated 10/23/14 denied the request for Physical therapy -Right -Knee Lower Back Area Upper Back area based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy -Right -Knee Lower Back Area Upper Back area: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The injured worker presents with pain in the neck, low back, left shoulder and right knee. The current request is for Physical therapy -Right -Knee Lower Back Area Upper Back area of unspecified quantity and duration. MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. The reviewed reports indicate that the injured worker has completed an unspecified number of physical therapy sessions. The treating physician report dated 9/25/14 states that the injured worker benefited from PT in the past. No further details were mentioned. In this case, the Physician has not provided a full record of physical therapy sessions so it is unknown how many sessions the patient has received and what functional improvement has been obtained. The Physician does not discuss objective goals of additional physical therapy and why there has been no transition to a home treatment program as recommended in the guidelines. Also, this is an open ended request and does not specify quantity or duration. The independent medical reviewer is not allowed to modify or add to the physician's request. For this reason the request fails to meet the criteria for medical necessity and is not supported by MTUS. Therefore, Physical therapy -Right -Knee Lower Back Area Upper Back area is not medically necessary.