

<b>Case Number:</b>	CM15-0101240		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	01/26/2015
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 is a 48 year old female who sustained an industrial injury on 01/26/2015. Mechanism of injury was a slip and fall. Diagnoses include cervical spine strain, cervical radicular syndrome, thoracic spine strain, left lumbar radiculopathy, internal derangement /chondromalacia of the left knee, status post continued strain injury of the left ankle, and left rotator cuff tendonitis/impingement syndrome. Treatment to date has included diagnostic studies, medications, and physical therapy. On 02/04/2015 left shoulder x-rays were unremarkable. On 01/26/2015 lumbosacral spine x rays showed splinting of the spine to the left suggesting muscle spasm. Left hip X rays done on 01/26/2015 were unremarkable. Left knee x rays done on 01/26/2015 revealed diffuse soft tissue swelling over the knee but no acute fractures or subluxations are identified. The left ankle x rays showed soft tissue swelling with no acute fractures or subluxations. X- rays of the left foot done on 01/26/2015 showed soft tissue swelling over the foot with no definite acute fractures or foreign bodies. A small plantar calcaneal spur is noted. A physician progress note dated 03/16/2015 documents the injured worker has had a flare up of pain in the lower back with attempts to increase activities. She cannot fully squat or duck waddle to left knee pain. The cervical spine has tenderness in the lower paravertebral and trapezius muscles and range of motion is flexion-40 degrees and right lateral bending 40 degrees, left lateral bending 40 degrees, right lateral rotation is 55 degrees, left lateral rotation is 50 degrees and 30 degrees extension. There is tenderness and restriction of movement in the lumbar spine. The left shoulder has tenderness to palpation over the anterior rotator cuff. There is mild acromioclavicular joint and bicipital tenderness without irritability.

There is a positive impingement sign. There is no instability. The lumbar spine has tenderness. The left knee has tenderness over the medial joint line. There is medial pain with McMurray maneuver. There is tenderness to palpation over the lateral ligaments and anterolateral joint line. There is full range of motion. The treatment plan includes physical therapy and a follow up visit in three weeks.

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

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

**Physical therapy 6 visits Cervical, Lumbar, Left knee, Left ankle:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of deficits to support for further PT treatment beyond extensive sessions already rendered. Clinical reports submitted also had no focal neurological deficits or ADL limitation to support for further PT treatment. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy. The Physical therapy 6 visits Cervical, Lumbar, Left knee, Left ankle is not medically necessary and appropriate.