

<b>Case Number:</b>	CM15-0109167		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	02/20/2010
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 42-year-old female, who sustained an industrial/work injury on 2/20/10. She reported initial complaints of pain to right axilla and right elbow along with right knee pain. The injured worker was diagnosed as having cervical spine strain, cervical degenerative disc disease, right shoulder impingement syndrome, internal derangement of left knee, and lumbar disc disease with protruded disc at L5-S1. Treatment to date has included medication, surgery (arthroscopy to right knee, 2011, and 2012), physical therapy. X-Rays results of bilateral knees were reported on 10/7/14 noting moderate narrowing of the medial joint compartment if both knees. X-rays of the wrists, cervical spine, shoulders, and lumbosacral spine note no significant findings. Currently, the injured worker complains of pain and stiffness in the neck, severe pain in the right shoulder, constant low back pain, and right knee pain with swelling, popping, locking, and giving way and similar symptoms in the left knee. Per the primary physician's progress report (PR-2) on 4/17/15, examination noted decreased range of motion to the cervical spine, absent deep tendon reflexes in both elbows and wrists, right shoulder tenderness in the subacromial region and in the direction of the rotator cuff with positive impingement, cross-body adduction sign, and Hawkin's sign, tenderness in the lumbosacral junction and bilateral flank regions with paravertebral muscle spasm. The right knee reveals arthroscopic portals with 2+ swelling wit tenderness and McMurray test is positive. The left knee reveals 2+ swelling with tenderness at the medial joint line and McMurray test and Lachman test is positive. The requested treatments include 12 physical therapy 2x6 weeks for the lumbar spine.

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

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

**12 physical therapy 2x6 weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in February 2010 and continues to be treated for neck, lumbar spine, bilateral knee, and right shoulder pain. When seen, there was decreased spinal range of motion with muscle spasm and tenderness. There was right shoulder tenderness with decreased range of motion and positive impingement testing. The claimant is being treated for chronic pain. There is no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what would be needed to reestablish or revise the claimant's home exercise program. The request is not medically necessary.