

<b>Case Number:</b>	CM15-0109172		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	02/20/2010
<b>Decision Date:</b>	07/15/2015	<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: California

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 injury on 2/20/10. She reported initial complaints of pain in right shoulder, right axilla and right elbow with continuous trauma to low back and right knee. The injured worker was diagnosed as having cervical region disc disorder unspecified; lumbar region disc disorder; brachial neuritis or radiculitis; thoracic or lumbosacral neuritis or radiculitis unspecified; internal derangement bilateral knees unspecified; musculoligamentous strain cervical spine degenerative disc disease C5-C6; impingement syndrome right shoulder; protruded disc L5-S1; internal derangement left knee; anxiety, depression and sleep disorder. Treatment to date has included physical therapy; medications. Diagnostics included x-rays bilateral knees standing (10/7/14); X-rays cervical lumbar, right shoulder and bilateral knees (4/17/15). Currently, the PR-2 notes dated 4/17/15 indicated the injured worker complains of pain and stiffness in her neck with increased movements of her head up and down or sideways. She has severe pain in her right shoulder which increases with attempts of reaching and above-shoulder activity. She reports constant low back pain that increases with prolonged sitting, bending or lifting. Her right knee pain is with swelling, popping, locking and giving way. Her left knee has similar symptoms as the right with less intensity. She has had a right knee arthroscopy on 5/9/11 and then on 5/25/12. On physical examination of the cervical spine there are paravertebral muscle spasms with tenderness of the bilateral trapezius muscles and scapular regions. The upper extremities show no gross motor or sensory deficit and deep tendon reflexes are absent. The right shoulder reveals tenderness in the subacromial region and in direction of the rotator cuff. Abduction is 90 degrees, internal rotation

10 degrees. The impingement sign is positive and Hawkin's test positive. The cross-body adduction test is positive and O'Brien's test is negative. The lumbar spine notes tenderness of the lumbosacral junction and bilateral flank regions. There is paravertebral muscle spasm. The right knee reveals arthroscopic portal incisions healed with 2+ swelling with tenderness at the medial and lateral joint lines. Range of motion is 5/120 degrees with McMurray test positive and Lachman test negative. X-rays take no this date note: cervical spine anterior osteophytosis at C5-6; right shoulder hypertrophic changes of the acromioclavicular joint and downsloping acromium; right knee reveals narrowing of the medial joint line with osteophytosis, tilting and chondromalacia patella; left knee reveals degenerative changes at the medial and lateral joint lines with osteophyte formation and tilting patella. The lumbar spine x-ray reveals slight degenerative changes with anterior osteophyte formation at L5-S1. The provider is requesting authorization of physical therapy for the right shoulder 12 sessions.

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

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

**Physical therapy 2x6 weeks for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 201.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98-99 of 127. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, Physical Medicine.

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.