

<b>Case Number:</b>	CM15-0160178		
<b>Date Assigned:</b>	08/26/2015	<b>Date of Injury:</b>	09/04/2014
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: Emergency Medicine

### 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 61-year-old male, who sustained an industrial injury on 9-04-2014. Diagnoses include knee chondromalacia patella, shoulder arthralgia, knee arthralgia, lumbar and lumbosacral disc degeneration, cervical degenerative disc disease, cervicalgia, lumbago, shoulder adhesive capsulitis and knee contusion. Treatment to date has included conservative treatment consisting of physical therapy, home exercise, stretching, application of heat and ice, and medications. Current medications include naproxen, Prilosec, tramadol and Zanaflex. Magnetic resonance imaging (MRI) of the right shoulder dated 6-12-2015 showed chronic tendinopathy or tendinitis and chronic arthritic changes without evidence of a full thickness rotator cuff tear. Per the Worker's Compensation Reevaluation dated 6-16-2015, the injured worker reported the completion of physical therapy. He feels that it was beneficial. Physical examination of the cervical spine revealed stiff range of motion and diffuse paravertebral tenderness with spasm. Shoulder examination revealed diffuse tenderness, active abduction to 90 degrees and positive impingement and negative drop tests. Lumbar spine range of motion included flexion of 60 degrees and extension of 20 degrees. There was diffuse tenderness with spasm. The plan of care-included application of heat and ice as needed, medications, home exercises, and continuation of physical therapy. Authorization was requested for continued physical therapy (1x1) for the cervical, lumbar, bilateral shoulders and bilateral knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 1 times a week for 1 week, cervical, lumbar, bilateral shoulders, bilateral knee:** 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 medicine Page(s): 98-99.

**Decision rationale:** The request is for physical therapy. Physical therapy, or active therapy, is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction. The injured worker is instructed and is expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The use of an active treatment modality instead of passive treatments is associated with substantially better clinical outcomes. However, the guidelines expect an aspect of self-learning, and allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), by encouraging active self-directed home exercises. The MTUS guidelines support 9-10 visits over 8 weeks for myalgia and myositis, and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. The injured worker appears to have already completed at least 12 physical therapy sessions. The documentation provided does not adequately address the previous response to therapy, nor does it provide a clear justification for ongoing therapy that would exceed the recommendations of the MTUS guidelines. Therefore, the request as written is not medically necessary at this time.