

<b>Case Number:</b>	CM15-0162871		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	03/06/2014
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: Preventive Medicine, Occupational 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 60 year old male, who sustained an industrial injury on 3-6-14. Initial complaints were of his shoulder, knee and lower back. The injured worker was diagnosed as having chronic persistent low back pain; left thigh pain; persistent left knee pain status post-surgery. Treatment to date has included acupuncture; status post left knee arthroscopy (10-2014); physical therapy; medications. Diagnostics studies included MRI lower back (7-30-15). Currently, the PR-2 notes dated 7-30-15 indicated the injured worker was seen on this day for further evaluation of back and left knee pain. he reports he also has left shoulder pain. he has been going through physical therapy for the lower back and left knee. He has not had any treatment for the left shoulder. He has had surgery on the left knee and an MRI of the lower back showing some facet arthrosis at the lower levels. A MRI lumbar spine dated 5-12-15 reveals focal high right lateral recess narrowing at L3-4; mild focal right-sided lateral recess narrowing at L4-5 and moderate left-sided neural foraminal narrowing at L5-S1. A MRI left knee dated 5-12-15 reveals mucoid degeneration of the anterior cruciate ligament. Status post partial medial meniscectomy resulting in blunted appearance of the posterior horn and body. There may be a displaced meniscal fragment off the body extending into the superior sulcus. This could represent focal synovitis or scarring. There are postsurgical changes in the lateral meniscus and chondromalacia of the trochlear notch and patella. He is a status post left knee arthroscopy of 10-2014. The injured worker reports he has improved his distance for walking with physical therapy but still has bouts of severe sharp pains in the lower back with specific movements. He denies any radiating pain to the lower extremities. He has been managing his symptoms with Norco and

Relafen that decreased pain from 9 out of 10 to 6 out of 10, but takes these sparingly. He also reports he has enough Prilosec left over. On this day, he complains of left shoulder and lower back pain. His left shoulder range of motion is about 90 degrees of abduction, 90 degrees flexion and positive impingement signs on the left shoulder. His lower back has tenderness over the lumbar paraspinal musculature and pain with lumbar extension and lumbar facet loading with oblique extension. Straight leg raise is negative bilaterally. The provider is requesting authorization of Physical Therapy 2x week x 3 weeks Left Shoulder.

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

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

**Physical Therapy 2x week x 3 weeks Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

**Decision rationale:** The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified; receive 9-10 visits over 8 weeks. Per the available documentation, the injured worker has completed 10 of 12 already approved physical therapy sessions for the left shoulder with increased range-of-motion and increase in function. At this point, he should be able to continue with a self-directed, home-based exercise program. The request for physical therapy 2x week x 3 weeks left shoulder is determined to not be medically necessary.