

<b>Case Number:</b>	CM15-0185433		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	06/07/1995
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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 72 year old female, who sustained an industrial injury on 06-07-1995. The injured worker is currently retired. Medical records indicated that the injured worker is undergoing treatment for cervical and lumbar degenerative disc disease, probably cervical radiculopathy, osteoarthritis of both knees, and rotator cuff tendinitis in both shoulders. Treatment and diagnostics to date has included physical therapy and use of TENS (Transcutaneous Electrical Nerve Stimulation) Unit. No physical therapy notes noted in received medical records. After review of progress note dated 08-03-2015, the injured worker reported low back pain and neck pain which radiates to both shoulders. Objective findings included decreased cervical and lumbar spine range of motion with paraspinal muscle spasm, weakness in both hands with diminished sensitivity, bilateral knee crepitus with range of motion, and positive impingement sign to bilateral shoulders. The treating physician noted that x-rays of the cervical and lumbar spine showed "severe multilevel degenerative disc disease" and x-rays of both knees showed "mild bilateral arthrosis with mild varus deformity". The Utilization Review with a decision date of 09-16-2015 modified the request for physical therapy 3x4 for the right leg and continued physical therapy 3x4 for the neck and lumbar spine to physical therapy 2x4 (for the right leg) and physical therapy x4 (for the neck and lumbar spine).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT 3x4 Right Leg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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 has a remote history of a work injury occurring in June 1995 and is being treated for neck pain with radiating symptoms into the shoulders and low back pain. When seen for an initial evaluation on 08/02/15, there was decreased cervical and lumbar spine range of motion with spasms. There was crepitus with knee range of motion. Shoulder impingement testing was positive and there was subacromial tenderness and weakness. There was decreased hand sensation. A six visit trial of physical therapy was requested. In follow-up, the claimant reported that therapy had been somewhat helpful. Physical examination findings included positive straight leg raising with decreased right lower extremity strength. Physical therapy for the right leg is being requested. 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 claimant has already had a trial of physical therapy for chronic pain with some benefit. The additional number of visits requested is in excess of that recommended or what might be needed to finalize a home exercise program. It does not reflect a fading of skilled therapy treatments. The request is not medically necessary.

**Continued PT 3x4 Neck and Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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 has a remote history of a work injury occurring in June 1995 and is being treated for neck pain with radiating symptoms into the shoulders and low back pain. When seen for an initial evaluation on 08/02/15, there was decreased cervical and lumbar spine range of motion with spasms. There was crepitus with knee range of motion. Shoulder impingement testing was positive and there was subacromial tenderness and weakness. There was decreased hand sensation. A six visit trial of physical therapy was requested. In follow-up, the claimant reported that therapy had been somewhat helpful. Physical examination findings included positive straight leg raising with decreased right lower extremity strength. Additional physical therapy is being requested. The claimant is being treated for chronic pain with no new injury and has recently had a trial of physical therapy. Guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, therapy had been somewhat helpful. However, the additional number of visits requested is in excess of that recommended or what might be needed to finalize a home exercise program. It does not reflect a fading of skilled therapy treatments. The request is not medically necessary.

