

<b>Case Number:</b>	CM15-0194561		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	02/01/2012
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: 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:

This 38 year old male sustained an industrial injury on 2-1-12. Documentation indicated that the injured worker was receiving treatment for cervical spine sprain and strain, lumbar spine sprain and strain, lumbar disc protrusion, lumbar radiculopathy, bilateral knee sprain and strain and anxiety. Previous treatment included left knee surgery (January 2015) physical therapy, chiropractic therapy, acupuncture, transcutaneous electrical nerve stimulator unit, back brace and medications. In a PR-2 dated 2-2-15, the injured worker complained of ongoing pain to the cervical spine, thoracic spine, lumbar spine, right shoulder, bilateral wrists and bilateral knees rated 6 to 9 out of 10 on the visual analog scale. Physical exam was remarkable for cervical spine with tenderness to palpation to the paraspinal musculature with spasms, positive compression test and decreased and painful range of motion: flexion and extension 50 degrees, bilateral lateral bend 40 degrees and bilateral rotation 80 degrees, thoracic spine with tenderness to palpation of the paraspinal musculature with spasms, positive Kemp's test and range of motion: flexion 5 degrees and bilateral rotation 20 degrees, lumbar spine tenderness to palpation with muscle spasms, positive Kemp's and bilateral straight leg raise and range of motion: flexion and extension 5 degrees and bilateral lateral bend 15 degrees, right shoulder with tenderness to palpation and positive supraspinatus press test, right knee with tenderness to palpation, positive McMurray's and range of motion 0 to 135 degrees. The treatment plan consisted of chiropractic therapy. In a Pr-2 dated 8-24-15, the injured worker complained of ongoing pain to the cervical spine, thoracic spine, lumbar spine, right shoulder, bilateral wrists and bilateral knees rated 6 to 8 out of 10 on the visual analog scale. The injured worker reported that he got relief from

medications. Physical exam was unchanged with the exception of left knee with diffuse swelling, tenderness to palpation, positive McMurray's and "decreased and painful" range of motion. The physician stated that there had been 22 physical therapy and 24 acupuncture visits to date. The treatment plan included physical therapy right shoulder, lumbar spine, cervical spine, thoracic spine and bilateral knees once a week for four weeks to increase range of motion, increase activities of daily living and decrease pain and chiropractic therapy. On 9-8-15, Utilization Review non-certified a request for physical therapy to the right shoulder, lumbar spine, cervical spine, thoracic spine and bilateral knees and chiropractic therapy times four.

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

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

#### **Physical Therapy to right shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The request is for physical therapy of the right shoulder. The MTUS guidelines state that passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy requires an internal effort by the individual to complete a specific exercise. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. In this case, the patient has been diagnosed with cervical and lumbar strain with lumbar disc protrusion and bilateral knee strain. At this point post-injury which occurred on 2/1/2012, passive therapy would not be guideline-supported with active treatment advised. This is secondary to 22 previous treatments performed without functional improvement seen. As such, physical therapy of the right shoulder is not medically necessary.

#### **Physical Therapy to Lumbar: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The request is for physical therapy to the Lumbar area. The MTUS guidelines state that passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy requires an internal effort by the individual to complete a specific exercise. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. In this case, the

patient conditions include cervical and lumbar strain with lumbar disc protrusion and bilateral knee strain. The injury occurred on 2/1/2012 and at this time, passive therapy would not be guideline-supported with active treatment advised. This is secondary to 22 previous treatments performed without functional improvement seen. As such, physical therapy of the Lumbar area is not medically necessary.

**Physical Therapy to Cervical/Thoracic Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The request is for physical therapy to the Cervical/Thoracic Spine area. The MTUS guidelines state that passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy requires an internal effort by the individual to complete a specific exercise. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. In this case, the patient conditions include cervical and lumbar strain with lumbar disc protrusion and bilateral knee strain. The injury occurred on 2/1/2012 and continued passive therapy would not be guideline-supported with active treatment recommended. This is secondary to 22 previous treatments performed without functional improvement seen. As such, physical therapy of the Cervical/Thoracic area is not medically necessary.

**Physical Therapy to Bilateral Knees: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The request is for physical therapy to the Bilateral Knees. The MTUS guidelines state that passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy requires an internal effort by the individual to complete a specific exercise. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. In this case, the patient has conditions of cervical and lumbar strain with lumbar disc protrusion and bilateral knee strain. The injury occurred on 2/1/2012 and passive therapy would not be guideline-supported with active treatment being most beneficial. This is secondary to 22 previous treatments performed without functional improvement seen. As such, physical therapy of the Bilateral Knees is not medically necessary.

**Chiropractic X 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The request is for Chiropractic treatment X4. The MTUS guidelines state that manual therapy can achieve positive symptomatic or objective measurable gains in functional improvement. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In this case, the patient's injury occurred on 2/1/2012 with diagnosis including cervical and lumbar strain with lumbar disc protrusion and bilateral knee strain. There has not been functional objective measurable gains seen with the previous 22 sessions which would be needed for ongoing treatment. As such, the request for Chiropractic treatment X4 is not medically necessary.