

<b>Case Number:</b>	CM15-0198825		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	04/24/2005
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: North Carolina, Georgia  
 Certification(s)/Specialty: Family Practice

### 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 67-year-old female sustained an industrial injury on 4-24-05. Documentation indicated that the injured worker was receiving treatment for right shoulder rotator cuff tear and status post left knee arthroscopy for knee arthritis. Previous treatment included physical therapy, acupuncture, chiropractic therapy, psychiatric care, functional restoration program, injections and medications. In a PR-2 dated 3-30-15, the injured worker reported no change to her right shoulder and left knee pain, rated 5 out of 10 on the visual analog scale. The injured worker continued to take Norco 5-325mg one and a half tabs twice a day and Norco 7.5-325mg one and a half tabs per day. Physical exam was remarkable for pain elicited with right shoulder abduction to 90 degrees and left knee pain with squatting. The treatment plan included continuing Norco, Dexilant and Lidoderm patch and starting eight sessions of physical therapy. In a PR-2 dated 9-1-15, the injured worker complained of right shoulder pain and continuing left knee pain., rated 6 out of 10 on the visual analog scale. The injured worker to Norco 5-325mg two tablets twice a day and Norco 7.5-325mg 1 to 1½ tabs at night. Physical exam was remarkable for right shoulder range of motion: abduction and flexion to 160 degrees, internal rotation 30 degrees and external rotation 70 degrees, 3 out of 5 supraspinatus strength and positive Speed's maneuver and left knee with slight fluid, tenderness to palpation along the medial and lateral joint line and +2 crepitus. The treatment plan included an extension of previously authorized physical therapy for eight visits, continuing Norco and laboratory studies due to long-term opiate use. On 9-10-15, Utilization Review noncertified a request for physical therapy x 8 visits for the neck and right shoulder.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy x 8 visits for the neck/ 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 CA MTUS recommends physical therapy for management of chronic pain with a clear preference for active therapy over passive therapy. Physical therapy includes supervision by therapist then the patient is expected to continue active therapies at home in order to maintain improvement levels. Guidelines direct fading treatment frequency from 3 times a week to one or less with guidelines ranging depending on the indication: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2), 8-10 visits over 4 weeks, Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. In this case, the claimant has already completed physical therapy visits in excess of these guidelines. The medical records do not contain any information that would support any additional expected benefit from additional physical therapy. The request for 8 physical therapy sessions is not medically necessary.