

<b>Case Number:</b>	CM15-0202710		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	05/26/2015
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 58 year old female, who sustained an industrial injury on 5-26-2015. The injured worker is undergoing treatment for: cervical spine sprain, left shoulder sprain, left hip sprain, left knee sprain, lumbar spine sprain, muscle spasm, and left knee internal derangement. On 8-27-15, she reported pain to the left temporal area and right knee. She rated the pain 9 out of 10. The provider noted that physical therapy was helping all injured areas with the exception of the left knee, which is aggravated after walking for 10 minutes. She is noted to have increased range of motion to the left shoulder, and no more headaches after physical therapy sessions. She also reported numbness and tingling in the left lateral shoulder, and left calf. Objective findings revealed her to be very obese, neck with limited range of motion, tenderness and muscle spasm; lumbar spine with limited range of motion, tenderness and muscle spasm; left shoulder with tenderness and limited range of motion; left rib cage with tenderness and no fractures noted; left hip with tenderness and limited range of motion. The treatment and diagnostic testing to date has included hot packs, medications, and multiple sessions of physical therapy, CT scan of the head (7-6-15), magnetic resonance imaging of the left knee (8-24-15). Medications have included Ibuprofen, Norco. Current work status: modified work. The request for authorization is for additional physical therapy two times weekly for 3 weeks. The UR dated 9-30-2015: non-certified the request for physical therapy two times weekly for 3 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy to the lumbar spine 2 x 3: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy (PT).

**Decision rationale:** According to the California MTUS Treatment guidelines, physical therapy (PT) is indicated for the treatment of musculoskeletal pain. Recommendations state that for most patients with more severe and sub-acute low back pain conditions, 8 to 12 visits over a period of 6 to 8 weeks is indicated as long as functional improvement and program progression are documented. 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. Patients are instructed and 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 assisting devices. In this case, the patient has completed a total of 12 PT sessions and there is documentation indicating that she has had a defined functional improvement in her condition. There is a specific indication for the requested additional PT sessions with transition to a home exercise program. Medical necessity for the requested additional PT sessions to the lumbar spine (2x3) has been established. The requested PT sessions are medically necessary.

**Physical therapy to the left hip 2 x 3: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy (PT).

**Decision rationale:** According to the California MTUS Treatment guidelines, physical therapy (PT) is indicated for the treatment of musculoskeletal pain. 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. Patients are instructed and 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 assisting devices. In this case, there is no documentation of any specific PT visits for the left hip. A 6-visit trial of PT for the left hip is appropriate to address this patient's left hip range of motion. Medical necessity

for the requested PT sessions to the left hip (2x3) has been established. The requested PT sessions are medically necessary.

**Physical therapy to the left shoulder 2 x 3: Overturned**

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy (PT).

**Decision rationale:** According to the California MTUS Treatment guidelines, physical therapy (PT) is indicated for the treatment of shoulder pain. The ODG recommends that for most patients with shoulder pain, up to 10 visits are indicated as long as functional improvement and program progression are documented; and up to 30 visits over 18 weeks for post-surgical open treatment. For rotator cuff disorders, physical therapy can improve short-term recovery and long-term function. For rotator cuff pain with an intact tendon, a trial of 3 to 6 months of conservative therapy is reasonable before orthopedic referral. Patients with small tears of the rotator cuff may be referred to an orthopedist after 6 to 12 weeks of conservative treatment. 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. A home exercise program (HEP) can include exercise with or without mechanical assistance or resistance and functional activities with assisting devices. In this case, the patient has completed a total of 12 physical therapy sessions and there is documentation indicating that she has had a defined functional improvement in her condition. There is a specific indication for the requested additional PT sessions with transition to a HEP. Medical necessity for the requested additional PT sessions to the left shoulder (2x3) has been established. The requested PT sessions are medically necessary.

**Physical therapy to the cervical spine 2 x 3: Overturned**

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy (PT).

**Decision rationale:** According to the California MTUS Treatment guidelines, physical therapy (PT) is indicated for the treatment of neck pain. The ODG recommends that for most patients with more severe and sub-acute neck pain conditions, up to 10 visits are indicated as long as functional improvement and program progression are documented. 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. Patients are instructed and 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 assisting devices. In this case, the patient has completed a total of 12 PT sessions, however, no specific PT was documented for the cervical spine. A 6-visit trial of PT for the cervical spine is appropriate for her current cervical spine range of motion. Medical necessity for the requested PT sessions to the cervical spine (2x3) has been established. The requested PT sessions are medically necessary.