

<b>Case Number:</b>	CM15-0044059		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	04/08/2012
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 35 year old female, who sustained an industrial injury on 4/08/2012. She reported left knee, buttock and right shoulder pain. She was diagnosed as having backache not otherwise specified, shoulder pain and knee pain. Treatment to date has included diagnostics, pain medication, consultations, lumbar epidural steroid injections, and physical therapy for the shoulder. She underwent a Mumford procedure to the right shoulder in August, 2013 and complete rotator cuff dissection in August 2014. Per the Primary Treating Physician's Progress Report dated 1/16/2015, the injured worker reported chronic progressive pain in her right shoulder, low back and left knee. Pain rated as 6/10 with medications and 10/10 without medications. Physical examination revealed hypertonicity, spasm, tenderness and a tight muscle band on both sides of the lumbar spine. Straight leg raise test is positive on both sides in sitting at 65 degrees and supine. There is tenderness noted in the sub deltoid bursa of the right shoulder. Hawkin's test and O'Brien's test are positive. There is tenderness to palpation over the lateral joint and medial joint line of the left knee. Patellar grind test and McMurry's test are positive. The plan of care included medications, consultation with a pain specialist and physical therapy. On 1/26/2015, authorization was requested for 6 visits of therapy for the left knee and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **6 physical therapy visits for the lumbosacral spine and left knee: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Leg and Knee, Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." The treating physician has provided documentation of exacerbation of a chronic problem and has met the above guidelines. A six visit clinical trial of PT is medically appropriate. As such, the request for 6 physical therapy visits for the lumbosacral spine and left knee is medically necessary.