

<b>Case Number:</b>	CM15-0085855		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	07/05/2014
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: Physical Medicine & Rehabilitation

### 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 51 year old female, who sustained an industrial injury on 07/05/2014. The initial complaints or symptoms included right shoulder pain, and low back pain radiating to the right lower extremity with associated weakness in the right knee. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, electrodiagnostic testing, and physical therapy. Currently, the injured worker complains of a very painful right knee exacerbated by prolonged walking, and moderate pain in the right shoulder with decreased range of motion. There were no complaints reported concerning the cervical and lumbar spines. However, the objective findings revealed tenderness to palpation of the cervical spine at the C1-C2 level with noted spasms and restricted range of motion due to pain, and a cervical distraction test was noted to be positive. The right shoulder exam revealed tenderness to palpation about the anterior and superior shoulder with noted muscle spasms, restricted range of motion due to pain, positive impingement sign, and supraspinatus weakness. There was palpable tenderness and spasms to the thoracic parascapular musculature bilaterally. The lumbar spine exam revealed tenderness to palpation over the paravertebral musculature with restricted range of motion due to pain, muscle spasms, and positive straight leg raises at 60° on the right. The right knee revealed tenderness to palpation over the medial and lateral joint lines with restricted range of motion with complaints of pain. The diagnoses include cervical spine strain/sprain, right shoulder rotator cuff tendinitis/bursitis with a full thickness rim-vent tear involving the anterior two-thirds of the tendon, thoracic spine strain/sprain, lumbar radiculopathy, and right knee strain/sprain. According to a progress note

dated 02/12/2015, the injured worker had been authorized to undergo 8 sessions of physical therapy for the right shoulder and right knee, and 8 sessions of acupuncture. The request for authorization included 8 additional sessions of physical therapy for the cervical spine, lumbar spine, right shoulder and right knee.

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

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

**Physical therapy 2x wk x 4 wks cervical spine, lumbar spine, right shoulder and right knee:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy, Physical medicine guidelines Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy 2x wk x 4 wks cervical spine, lumbar spine, right shoulder and right knee is not medically necessary and appropriate.