

<b>Case Number:</b>	CM15-0019177		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	08/07/2009
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 64 year old who sustained an industrial injury on 08/07/2009. Mechanism of injury was a fall while walking a dog. She injured her knee, shoulder, and left upper extremity and subsequently reported injuring her low back. Diagnoses include cervical radiculopathy, cervical sprain/strain, lumbar radiculopathy, lumbar sprain/strain, left shoulder impingement syndrome, left shoulder sprain/strain, right carpal tunnel syndrome, right wrist sprain/strain, right knee meniscus tear, and left knee meniscus tear. Treatment to date has included diagnostic studies, medications, 20 physical therapy visits, 17 chiropractic sessions, and 12 acupuncture visits. A Sleep disordered breathing respiratory diagnostic study and report done 11/20/2014 revealed the injured worker suffers from a mild pathological sleep breathing respiratory disorder. Current medications include Naproxen, Cyclobenzaprine, Protonix, and Gabapentin. Topical medication include Compound GCB-Gabapentin 10%/Cyclobenzaprine 6%, Bupivacaine in cream base, and Compound FBD-Flurbiprofen 20%/Baclofen 5%, Dexamethasone 2%/Camphor 2%/Capsaicin 0.025 in a cream base. A physician progress note dated 01/08/2015 documents the injured worker complains of neck pain and stiffness radiating to both upper extremities, and low back pain and stiffness radiating to both legs with numbness, and left shoulder pain and weakness. She has right wrist pain with numbness of the right hand and fingers. She also has pain in her right and left knee and stiffness. She has restricted range of motion in the cervical spine. There is tenderness to palpation of the bilateral trapezii, bilateral upper trapezii and cervical paravertebral muscles. There is muscle spasm of the cervical paravertebral muscles. Shoulder depression cause pain bilaterally. She has restricted range of

motion in the lumbar spine with tenderness to palpation of the bilateral S1 joints, coccyx, lumbar paravertebral muscles, sacrum and spinous processes. There is muscle spasm of the lumbar paravertebral muscles. Straight Leg Raise causes pain bilaterally. Lasegue's cause pain bilaterally. Her left shoulder has decreased range of motion and there is tenderness to palpation of the acromioclavicular joint, anterior shoulder and supraspinatus. Neer's causes pain. She has tenderness to palpation of the right dorsal wrist and there is muscle spasm of the forearm. Phalen's test causes pain. She has tenderness to palpation of the anterior right knee, lateral joint line, and medial joint line and superior border of patella. McMurry's' cause pain. Her left knee has tenderness to palpation of the anterior knee, lateral joint line and medial joint line. There is muscle spasm of the anterior knee. The treatment plan includes functional capacity evaluation, 8 acupuncture visits, 8 chiropractic visits, and 8 physical therapy visits. McMurray's causes pain. Treatment requested is for eight (8) chiropractic sessions 1-2x/week for 4 weeks, left knee, cervical spine, lumbar spine, thoracic spine, right wrist, and eight (8) physical therapy sessions 1-2/week for 4 weeks, left knee, cervical spine, lumbar spine, thoracic spine, right wrist.

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

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

**Eight (8) physical therapy sessions 1-2/week for 4 weeks, left knee, cervical spine, lumbar spine, thoracic spine, right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in August 2009 and continues to be treated for chronic pain. When seen, she was having neck, low back, left shoulder, right wrist, and bilateral knee pain. She was having difficulty with prolonged standing, walking, and sitting. There was decreased spinal range of motion with muscle tenderness. There was bilateral knee, right wrist, and left shoulder tenderness. There was pain with straight leg raising. The claimant is being treated for chronic pain. There is no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or that would be needed to establish a home exercise program. The request is not medically necessary.

**Eight (8) chiropractic sessions 1-2x/week for 4 weeks, left knee, cervical spine, lumbar spine, thoracic spine, right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**Decision rationale:** The claimant sustained a work injury in August 2009 and continues to be treated for chronic pain. When seen, she was having neck, low back, left shoulder, right wrist, and bilateral knee pain. She was having difficulty with prolonged standing, walking, and sitting. There was decreased spinal range of motion with muscle tenderness. There was bilateral knee, right wrist, and left shoulder tenderness. There was pain with straight leg raising. The claimant is being treated for chronic pain. There is no new injury. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement and with a total of up to 18 visits over 6-8 weeks. In this case, the number of additional treatment sessions requested is in excess of the guideline recommendation and therefore not medically necessary.