MAXIMUS Federal Services

Case Number:	CM15-0113451		
Date Assigned:	06/19/2015	Date of Injury:	01/24/2011
Decision Date:	07/22/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/12/2015

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 48-year-old female, with a reported date of injury of 01/24/2011. The diagnoses include lumbar strain, low back pain, and chronic pain syndrome. Treatments to date have included a left sacroiliac ligament injection on 01/20/2015; Synvisc injection on 05/05/2015 to the right knee; an MRI of the lumbar spine showed degenerative changes at the intervertebral disc and facets at L4-5 and L5-S1, and neural foraminal stenosis, and bilateral facet hypertrophy at L5-S1; knee brace; and oral medications. The medical report dated 05/19/2015 indicates that the injured worker had interrupted sleep due to pain and limited activities of living due to chronic pain. The injured worker had left shoulder, low back, and left knee symptoms. The physical examination showed a normal gait, mild weakness with left toe walking, mild pain with left heel walking, left knee pain with balancing, back and left knee pain with squatting two times, mild guarding on mounting exam, increased pain and muscle spasm on the left cervical posterior lateral facets, bilateral muscle spasms in the bilateral trapezius, tenderness to palpation with taught bands at myofascial trigger points with twitch responses, reduced cervical range of motion, restricted and limited left shoulder range of motion with pain, myofascial pain in the left shoulder and neck, tenderness to palpation of the left lateral shoulder at the infraspinatus tendon of insertion, positive left shoulder impingement test, tenderness to palpation with tight bands and myofascial trigger points with twitch responses in the lumbar spine musculature, decreased lumbar range of motion, less tenderness to palpation of the right knee, bilateral knee crepitus and effusion, decreased left knee flexion, and positive bilateral

medial joint tenderness. The injured worker was unable to return to work at regular duties. The treating physician requested eight physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (sessions) Qty:8: Overturned

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

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

Decision rationale: The patient presents on 05/19/15 with unrated pain and functional loss in the left shoulder, lower back, and left knee. The patient's date of injury is 01/24/11. Patient is status post left sacroilliac ligament injection on 01/20/15, and status post synvisc injection to the right knee on 05/05/15, and status post left shoulder arthroscopic repair at a date unspecified. The request is for physical therapy (sessions) quantity requested 8.0. The RFA is dated 05/19/15. Physical examination, dated 05/19/15, reveals tenderness to palpation and limited range of motion of the left shoulder, noting a well-healed surgical scar on the left and trace weakness in the shoulder flexors, and elbow flexors/extensors. Lumbar spine examination reveals tenderness to palpation of the lumbar paraspinal muscles with taut bands noted and slightly decreased sensation to light touch along the L5 dermatomal distribution on the right. The patient's current medication regimen is not provided. Patient is currently not working. MTUS page 98 and 99 has the following: "Physical Medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. In regard to the 8 sessions of physical therapy for this patient's continuing lower back, left shoulder, and left knee complaint, the request is appropriate. Utilization review dated 06/02/15 non-certified this request on grounds that there was no evidence of prior physical therapy efficacy, though a careful review of the documentation provided contains no physical therapy notes or discussion of recent PT. MTUS guidelines support 8-10 physical therapy treatments for complaints of this nature, the records do not include any documentation that this patient has undergone any recent physical therapy directed at these complaints. The requested 8 sessions falls within these guidelines and could produce significant benefits for this patient. Therefore, the request is medically necessary.