

<b>Case Number:</b>	CM15-0115041		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	03/10/2015
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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:

This 54-year-old female sustained an industrial injury to the neck, back, left shoulder, left elbow, left wrist and bilateral knees on 3/10/15. Computed tomography cervical spine (3/10/15) showed degenerative changes. X-rays of the left knee, hip and left ankle (3/10/15), showed no significant abnormality. X-ray of the right knee (3/10/15) showed mild degenerative changes with marginal osteophyte along the medial and lateral tibio-femoral compartments without evidence of acute fracture, dislocation or effusion. Previous treatment included chiropractic therapy, orthotics, splinting, heat, home exercise and medications. In a PR-2 dated 5/22/15, the injured worker complained of pain to the neck, shoulder, elbow, back, buttocks, hip, ankle and knee rated 7/10 on the visual analog scale. Physical exam was remarkable for tenderness to palpation to the cervical spine and lumbar spine bilaterally, left shoulder and left hip. The left elbow had tenderness to palpation with swelling and effusion. Both knees had tenderness to palpation with palpable plica on the left knee. Current diagnoses included mechanical fall, cervical spine sprain/strain, lumbar spine sprain/strain with L5-S1 degenerative disc disease, mild scoliosis, left shoulder impingement, left elbow lateral epicondylitis, left wrist sprain/strain, bilateral knee internal derangement, left hip sprain/strain and left ankle sprain/strain. The treatment plan included physical therapy three times a week for four weeks and medications (Motrin, Prilosec and Flexeril).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 x a week for 4 weeks for the cervical/lumbar spine, left shoulder/elbow/wrist/hip/ankle, and both knees:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 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) Neck and Upper Back (Acute & Chronic), physical therapy (2) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy (3) Shoulder (Acute & Chronic), physical therapy (4) Forearm, Wrist, & Hand (Acute & Chronic), physical therapy (5) Hip & Pelvis (Acute & Chronic), physical therapy (6) Knee & Leg (Acute & Chronic), physical therapy (7) Ankle & Foot (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work-related injury in March 2015 after falling and continues to be treated for neck, back, right elbow, left wrist, bilateral knee, and left ankle pain. Treatments have included acupuncture and medications and she performed an instruction based home exercise program. She has not had formal physical therapy. When seen, her BMI was nearly 29. There was decreased cervical and lumbar spine range of motion. The left shoulder was tender with positive impingement testing. There was left lateral epicondyle and left wrist and hand tenderness. There was left trochanteric and bilateral knee and left ankle tenderness. In this case, the claimant has not had prior physical therapy. Guidelines recommend up to 9-10 visits over 8 weeks for each of these conditions. However, only partial concurrent care could be expected. The number of visits when considering the multiple body parts involved is appropriate and is medically necessary.