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| <b>Case Number:</b>   | CM15-0022360 |                              |            |
| <b>Date Assigned:</b> | 02/11/2015   | <b>Date of Injury:</b>       | 05/31/2002 |
| <b>Decision Date:</b> | 04/09/2015   | <b>UR Denial Date:</b>       | 01/08/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/06/2015 |

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 55-year-old female who sustained a work related injury May 31, 2002. According to a primary treating physician's orthopedic re-evaluation, dated December 3, 2014, the injured worker presented with continuing intermittent lower back pain and difficulty sleeping. Examination of the cervical spine reveals tenderness to palpation to the paracervical and trapezial musculature. There is a positive cervical distraction test and muscle spasms are noted with restricted range of motion due to pain. There is tenderness to palpation of the right shoulder with restricted range of motion and rotator cuff weakness. The lumbar spine reveals increased tone and tenderness about the paralumbar musculature with tenderness at the midline thoracic lumbar junction and over the level of L5-S1 facets and right greater sciatic notch with muscle spasms. The bilateral knees reveal; subluxation of the patella with crepitus and guarding, and range of motion 0-95 degrees with weak quadriceps. Current diagnoses is documented as work related trauma/fall; cervical spine strain with radicular complaints; lumbar spine strain with radicular complaints, s/p surgery; right shoulder rotator cuff tear, s/p repair; right knee strain/contusion, s/p surgery, s/p ACL, s/p right knee arthroplasty; left knee strain, s/p surgery, s/p total knee arthroplasty, compensable to secondary fall due to right knee. Treatment included request for authorization for physical therapy two times a week for four weeks to bilateral knees. According to utilization review dated January 8, 2015, eight (8) Sessions of Physical Therapy for the cervical spine, lumbar spine, right shoulder, and bilateral knees was modified to eight (8) Sessions of Physical Therapy for the bilateral knees only, citing MTUS Chronic Pain Medical Treatment Guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Sessions of physical therapy for cervical spine, lumbar spine, right shoulder and bilateral knees:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG, Knee, Physical Therapy.

**Decision rationale:** Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine."Per the ODG guidelines: Arthritis (Arthropathy, unspecified) (ICD9 716.9): Medical treatment: 9 visits over 8 weeks. Post-injection treatment: 1-2 visits over 1 week. Post-surgical treatment, arthroplasty, knee: 24 visits over 10 weeksPer the documentation submitted for review, it was noted that the injured worker had 24 visits of post-operative physical therapy following removal of an abscess in the right knee in mid 2014. It provided slight benefit in pain reduction, as well as improvement in range of motion and strength. Per progress report dated 11/4/14, the injured worker complained of constant pain about the right shoulder, cervical spine, and low back. I respectfully disagree with the UR physician's assertion that the need for physical therapy was not documented. The request is medically necessary. It should be noted that the UR physician has certified a modification of this request targeted only at the bilateral knees.