

<b>Case Number:</b>	CM15-0090183		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	01/23/2009
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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 56-year-old female who sustained an industrial injury on 01/23/2009. Mechanism of injury was a fall and she injured her hip, head, hands, arms, feet, back and shoulders. Diagnoses include cervical spine sprain/strain, lumbar spine, sprain/strain, and lumbar spine degenerative disc disease. Treatment to date has included diagnostic studies, medications, physical therapy, and lumbar epidural steroid injections. A physician progress note dated 03/11/2015 documents the injured worker complains of bilateral hand and finger pain described as dull, frequent and moderate, which she rates as a 7 out of 10 with numbness and a tingling sensation, stiffness, weakness, popping, and working and using hands increases her pain. She has right knee pain, which is moderate and rated 7 out of 10, with numbness and a tingling sensation, stiffness, popping, giving way and radiation of pain from her knee to the foot. She has back pain, which is frequent and severe, and she rates her pain as 9 out of 10 with numbness and a tingling sensation, and stiffness. On examination of the cervical spine, there is tenderness over the trapezius musculature, bilaterally, as well as tenderness over the cervical spinous processes from C2 to T2. Range of motion was restricted and painful. Palpation of the bilateral shoulder revealed tenderness along the acromioclavicular joint, coracoid process, supraspinatus tendon, deltoid bursae and glenohumeral joint. Range of motion was restricted in both shoulders. Palpation of the lumbar spine revealed tenderness over the lumbar spinous processes from L1 to L5. Active range of motion of the lumbar spine elicited complains of pain and range of motion was restricted. The treatment plan includes, Magnetic Resonance Imaging of the lumbar spine to find out current spine condition/pathology-last one done was done on 04/10/2012, pain management for 3rd lumbar epidural injection, and dispensing Omeprazole 20mg, #30, 1 daily, and Tramadol 150mg, #60, 1 tablet every 6-8 hours as needed for pain. Treatment requested is for 12 sessions of physical therapy, cervical, lumbar & right knee.

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

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

**12 sessions of physical therapy, cervical, lumbar & right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

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

**Decision rationale:** Per the 03/11/15, Initial Orthopedic Evaluation report the requesting physician states that the patient presents with frequent, moderate pain in the right knee and frequent severe pain in the back with listed diagnoses that include Cervical and Lumbar sprain/strain as well as Lumbar spine DDD. The current request is for 12 SESSIONS OF PHYSICAL THERAPY CERVICAL, LUMBAR & RIGHT KNEE. The RFA is not included; however, the 04/17/15 utilization review states the RFA is dated 04/07/15. The patient is not working. MTUS pages 98 & 99 state that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. There is no evidence that the patient is within a post-surgical treatment period. The requesting physician does not specifically discuss why physical therapy is needed at this time, and no objective goals of treatment are stated. While it appears the patient received physical therapy at the start of her medical treatment, there is no evidence of any recent physical therapy for the patient. In this case, the patient may benefit from a course of physical therapy; however, fading of treatment and transition to a home exercise program are not addressed, and the requested 12 sessions exceed what is allowed by the MTUS guidelines. The request IS NOT medically necessary.