

<b>Case Number:</b>	CM15-0090668		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	09/19/2014
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/06/2015
<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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 female patient who sustained an industrial injury on 09/19/2014. The doctor's first report of illness dated 09/24/2014 reported the accident described as a slipping, falling and with resulting bilateral knee pain. Her subjective complaint noted low back pain, bilateral knee pain, and left shoulder pain. She was evaluated, underwent radiography study, treated with Motrin and discharged. The patient underwent a magnetic resonance imaging scan of the right knee on 12/10/2014, which revealed thinning of the cartilage covering the articular surfaces of the medial femoral condyle and medial tibial plateau causing narrowing of the medial compartment joint space; associated medial and posterior extrusion of the body and posterior horn of the medial meniscus. A horizontal tear noted involving the anterior horn and the body of the lateral meniscus, and knee joint effusion with associated suprapatellar bursitis. A primary treating office visit dated 09/24/2014 reported present complaint of low back pain, limited back motion, and bilateral knee pain, left worse. There is swelling of the knee. She is also with complaint of left shoulder pain. Diagnostic testing of the lumbar spine, left shoulder and bilateral knees showed radiography findings with moderate to severe degenerative joint disease; along with a questionable cortical defect of the greater trochanter humeral head. She is diagnosed with left shoulder strain/sprain; bilateral knee contusion, lumbosacral sprain, and back muscle spasms. The plan of care involved cane training and fitting, and dispensing medications: APAP ES, Ultracet, Anaprox, and Polar Freeze. She was given cryotherapy unit and she is to return to modified work duty. A secondary treating office visit dated 12/09/2014 reported current medications as: Naproxen, Tramadol, and Orphenadrine. Current subjective complaints

are: low back pain, left shoulder pain, and bilateral knee pain. Objective findings showed bilateral knees with decreased range of motion, tenderness to palpation at the medial and lateral joint line. The left shoulder was with decreased range of motion, and the lumbar spine was tender to palpation of the paravertebral muscles. There was a positive Kemp's test and her gait was slow, guarded. The following diagnoses are applied: lumbar strain/sprain; lumbar radiculopathy; left shoulder strain/sprain; left shoulder impingement syndrome, and bilateral knee strain/sprain. The plan of care noted the patient to be using a topical compound cream, urine screening and follow up visit and 8 sessions of therapy.

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

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

**Physical Therapy 2 times a week for 4 weeks to the left shoulder and both knees:** 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:** According to the guidelines, up 8-10 sessions of physical therapy over 4-6 weeks is recommended for myositis and strains. In this case, the claimant had undergone analgesics and cryotherapy without complete resolution of symptoms and had persistent limitations in motion. However, there was no indication that additional therapy cannot be completed at home the claimant had already completed over 8 sessions of physical therapy. The request for 8 additional sessions of physical therapy is not medically necessary.