

Case Number:	CM14-0001375		
Date Assigned:	01/22/2014	Date of Injury:	08/24/2011
Decision Date:	09/25/2015	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/03/2014

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 50-year-old female who sustained an industrial injury on 8-24-2011. She has reported neck pain, right shoulder pain, left shoulder pain, lower back pain, and right knee pain and has been diagnosed with status post left shoulder surgery, status post right shoulder manipulation under anesthesia, status post right shoulder surgery, status post left carpal tunnel release surgery, cervical disc syndrome, lumbar spine herniated nucleus pulposus, right knee chondromalacia patellae, and right knee internal derangement. Treatment has included medications, physical therapy, surgery, and injection. All active cervical ranges of motion produced localized pain. There was decreased range of motion to the cervical spine. Positive foraminal compression test was noted bilaterally. Range of motion to the left shoulder was decreased. The treatment plan included physical therapy, medications, and a urine toxicology screen. The treatment request included 12 physical therapy visits for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Lumbar Spine (12-sessions, 2 times a week for 6-weeks): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-

[https://www.acoempracticeguidelines.org/Low Back](https://www.acoempracticeguidelines.org/Low%20Back); Table 2, Summary of Recommendations, Low Back Disorders.

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

Decision rationale: This claimant was injured four years ago with neck pain, right shoulder pain, left shoulder pain, lower back pain, and right knee pain and has been diagnosed with status post left shoulder surgery, status post right shoulder manipulation under anesthesia, status post right shoulder surgery, status post left carpal tunnel release surgery, cervical disc syndrome, lumbar spine herniated nucleus pulposus, right knee chondromalacia patellae, and right knee internal derangement. Treatment has included medications, physical therapy, surgery, and injection. Functional improvement outcomes out of past therapy are not noted. Regarding therapy in chronic situations, the MTUS notes that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. In addition, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. In addition, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. This request for more skilled, monitored therapy is not medically necessary.