

<b>Case Number:</b>	CM13-0006833		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	09/01/2010
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	07/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 53-year-old female who reported an injury on 09/01/2010. The mechanism of injury was not provided within the submitted medical records. Within the submitted medical records it was shown that the injured worker has completed 30 sessions of physical therapy previously. However, it not documented whether the 30 sessions were for postoperative right shoulder arthroscopic surgery or for the cervical, thoracic, and right knee. Within the clinical note dated 12/16/2013, it was revealed that the patient was 2 weeks postoperatively for the right shoulder arthroscopic surgery and reported right wrist and hand pain rated 7/10 with numbness and tingling. The injured worker further reported neck pain rated 6/10, low back pain rated 8/10, and right knee pain rated 6/10. Additionally, the injured worker reported weakness of the right foot/ankle with prolonged walking and was waiting for therapy. The physical exam revealed muscle guarding and spasms of the cervical spine with painful range of motion. The physical exam did not include any assessment of the thoracic spine or the right knee within this particular progress note. The diagnoses listed for this injured worker included status post right shoulder rotator cuff repair on 12/02/2013, tendinitis of the right wrist and hand, chronic neck pain, right knee contusion, and a lumbar strain. The medication listed within this report included Anaprox 550 mg twice a day for pain, Prilosec 20 mg for GI upset, and Norco 5/500 mg every 6 hours for pain. The request for authorization was not provided within the submitted medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 3 WEEKS X 4 WEEKS CERVICAL, THORACIC AND RIGHT KNEE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE GUIDELINES Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page(s): page(s) 98-99.

**Decision rationale:** The request for physical therapy 3 times a week for 4 weeks to the cervical, thoracic, and right knee is not medically necessary. The California MTUS Guidelines recommend physical therapy in the presence of objective functional deficits. Furthermore, the guidelines recommend for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks. The injured worker within the medical records was shown to have completed 30 previous sessions of physical therapy. However, there was no documentation of the final outcome and whether or not the injured worker had received any functional gains from previously completed sessions, nor did it specify which body parts were being rehabilitated at the time. Furthermore, within the physical exam of the documentation, it did not show the injured worker had presented with functional deficits. Without knowing the outcomes of the previous physical therapy sessions, which body parts were focused on during physical therapy, and the absence within the physical exams documenting any objective functional deficits, this request cannot be supported by the guidelines at this time. As such, the request is not medically necessary.