

<b>Case Number:</b>	CM13-0010142		
<b>Date Assigned:</b>	03/10/2014	<b>Date of Injury:</b>	01/25/2012
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	08/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### 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 and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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:

This is a 38 year-old male who was injured on 1/25/12. He has been diagnosed with cervical sprain, possible radicular component; internal derangement right shoulder; doubt sympathetically mediated pain, s/p electrocution on 1/25/12; probable new onset compensable low back injury; probable left knee internal derangement. According to the 6/5/13 orthopedic report from [REDACTED], the patient's left knee gave way 2-weeks ago and he fell hard on the right knee. He is awaiting a shoulder surgery, and was recommended for PT in the meantime.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2 TIMES 6 TO THE RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with pain in the neck, back, right shoulder and both knees. He is awaiting surgery for the shoulder and was recommended to continue PT in the meantime. I have been asked to review for PT 2x6 for the right shoulder. MTUS recommends up

to 8-10 sessions of PT for various myalgias and neuralgias. The request for PT 2x6 will exceed the MTUS recommendations.