

<b>Case Number:</b>	CM13-0010190		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	08/03/2009
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	07/18/2013
<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 Internal Medicine, and is licensed to practice in New York. 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 patient is a 31 year old male fireman with a date of injury on 08/03/2009. He had burns of both hands, both upper extremities and the right lower extremity. He had steroid injections to multiple keloid scars. He returned to work in 10/2009 until stopping work in 03/2013. He had chronic neck pain and chronic back pain. On 10/14/2013 he had normal EMG/NCS of his lower extremities. On 10/29/2013 he had normal ultrasounds of his shoulders. Orthopedic injuries to back and both upper extremities were not accepted. In 07/2013 there was a request for 8 physical therapy visits and 4 were certified. He had left knee pain and right shoulder pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **8 PHYSICAL THERAPY SESSIONS:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** There was no documentation of any recent physical therapy visits for the right shoulder or left knee. He has chronic pain of neck and back also. The request was for 8 physical therapy visits and 4 were certified. MTUS Chronic pain allows for a maximum of 10 physical therapy visits. Clearly, something happened in 03/2013 when he stopped working and

there is no record of recent physical therapy. The requested 8 physical therapy visits were consistent with MTUS chronic pain.