

<b>Case Number:</b>	CM13-0023466		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	11/30/2010
<b>Decision Date:</b>	01/06/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

39 y.o. patient with injury from 11/30/10 suffers from chronic left shoulder, knee and low back pains. The patient has had 8 sessions of PT from 6/11/13 to 7/9/13. The patient apparent then had 3 additional therapy sessions with some improvement. UR letter from 8/15/13 denied the requested 12 sessions of therapy summarizing the 11 sessions of therapy thus far provided from June to July 2013. The letter notes that there was lack of significant progress and that the patient should be transitioned into home exercises. There is a note of summary for PT with 11 dates of treatment. This note is dated 10/16/13 and put together by [REDACTED]. 7/24/13 report by the treating physician notes that the patient had 6 sessions of therapy with improvement. The pain was decreased and the patient was asking for more therapy. His listed diagnoses are Left shoulder internal derangement, Left knee strain, Lumbar and Cervical strain. He was requesting 12 additional therapy sessions. There is a therapy evaluation report from 7/19/13, requesting more treatments. The patient's progress states that she can tolerate 30 min sitting, 30-45 min of walking, reach overhead but not repeatedly, and continues to wake up 3-5x per night.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) physical therapy visits for the left knee, low back, and left shoulder between 8/12/2013 and 9/26/2013.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines - A.

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

**Decision rationale:** The patient's diagnoses include strains and sprains per treating physician's notes. The patient has already completed 11 sessions of therapy during June and July 2013. The request for on-going therapy cannot be authorized based on MTUS recommendations. For strain/sprain diagnoses, MTUS only recommends 8-10 sessions of therapy following which the patient is recommended for home exercises. The utilization review denial letter summarizes the patient's progress well from therapy treatments. It would appear that while the patient is subjectively feeling better, there has been minimal progress with therapy. The patient continues to experience high levels of pain. Review of therapy note from 7/19/13 verifies this finding. Compared to 6/11/13 initial presentation and 7/9/13 progress, not much has changed at all in all of the categories. There does not appear to be much reason to continue therapy. Most importantly, MTUS only allows 8-10 sessions of therapy for the condition the patient is suffering from.