

<b>Case Number:</b>	CM13-0029971		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	03/17/2005
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 & Rehabilitation 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. 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 56 year old female who reported an injury on 03/17/2005. The mechanism of injury information was not provided in the medical record. The patient diagnoses included full thickness rotator cuff tear, localized primary osteoarthritis, non-traumatic rupture of biceps brachii tendon, sprain of shoulder and upper arm, disorder of bursa of shoulder region, osteoarthritis of the knee, lumbar spinal stenosis, degeneration of intervertebral disc, bicipital tenosynovitis, displacement of lumbar intervertebral disc without myelopathy, and current tear of medial cartilage and/or meniscus of knee. The most recent progress note dated 12/02/2013 reported the patient continued to complain of knee pain. The patient received Supartz injection #3 at the clinical visit. Upon assessment of the left knee, there was no effusions, mass, indurations, warmth, or erythema, and normal axial alignment was noted. There was normal range of motion without crepitus or pain with motion. Strength to left knee was 5/5 flexion and extension. Left knee signs consisted of medial joint line tenderness and lateral joint line tenderness, with a negative McMurray test. The patient was instructed to use ice to knee, avoid strenuous activity for 24-48 hours, and use NSAIDS or Tylenol for pain as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) physical therapy sessions:** Upheld

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

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

**Decision rationale:** The Physician Reviewer's decision rationale: California MTUS states the recommended number of visits for physical therapy for myalgia and myositis, neuralgia, neuritis, and radiculitis is up to 10 visits. The patient has already received 11 physical therapy visits. Physical therapy visits could be extended if there was clinical documentation to show the significant change in patient functional levels. The patient is also expected to complete a home exercise program. There is no clinical documentation that the patient has or is participating in a home exercise program. Due to the lack of evidence to suggest physical therapy has actually helped increase the patient's functional level, the requested service has not been proven medically necessary at this time. As such, the request for 12 physical therapy sessions is non-certified.