

<b>Case Number:</b>	CM13-0030670		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	08/03/2009
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	07/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 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 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 claimant is a 31 year old male who sustained an injury on 08/03/2009. The mechanism of injury was not provided. He has diagnoses of left knee pain and right shoulder pain with sprain/strain. On exam he complains of left knee pain and increased pain with range of motion of the right shoulder. He has been treated with medical therapy and chiropractic and physiotherapy treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) physical therapy sessions between 6/10/2013 and 8/31/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines

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

**Decision rationale:** The Physician Reviewer's decision rationale: Per California MTUS Treatment Guidelines 2009, physical therapy is indicated for the treatment of chronic pain. Recommendations state that for most patients with more severe acute and subacute pain conditions 8 to 12 visits over a period of over 6 to 8 weeks is indicated as long as functional

improvement and program progression are documented. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. In this case the claimant has completed chiropractic and physiotherapy sessions and there is no specific documentation indicating recent objective measurements of the claimant's functional deficits to be addressed by the requested additional physical therapy sessions. Medical necessity for the requested physical therapy sessions has not been established. The requested service is not medically necessary.