

Case Number:	CM13-0032112		
Date Assigned:	12/04/2013	Date of Injury:	02/17/2010
Decision Date:	02/26/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/07/2013

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 Orthopedic Surgery 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. 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 53-year-old injured worker sustained an injury on 02/07/10. The medical records provided for review indicates that this claimant was being treated for shoulder pain and went to physical therapy. There has been a concern over bilateral knee pain. There was a recent injury in August of 2013. This claimant completed a course of therapy in August and September of 2013. Additional therapy was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right shoulder and right knee, two times a week for four weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The California ACOEM Guidelines support only 8 to 10 visits over four to eight weeks for the diagnosis of myalgia, myositis, neuralgia, neuritis, and radiculitis. In this

case, this claimant has been treated with one to two months of therapy already and should be able to work on a home exercise program. The request for physical therapy for the right shoulder and right knee, twice a week for four weeks is not medically necessary and appropriate.