

<b>Case Number:</b>	CM13-0056524		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/20/2009
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Family Practice and is licensed to practice in Texas. 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 injured worker is a 55-year-old male who reported an injury on 05/20/2009. The mechanism of injury was not stated. Current diagnoses include status post left knee arthroscopy in 1996, status post right knee arthroscopy in 2009, chronic neck pain, bilateral shoulder impingement, and bilateral plantar fasciitis. The latest clinical note submitted for this review is documented on 07/03/2013. The injured worker reported persistent neck pain, right shoulder pain, and bilateral knee and foot pain. Physical examination revealed an antalgic gait, limited and painful range of motion of the cervical spine with guarding and spasm, tenderness to palpation, positive impingement sign in bilateral shoulders, 5/5 rotator cuff strength, and tenderness to palpation of bilateral plantar fascia. Treatment recommendations at that time included a follow-up appointment in 4 to 6 weeks, continuation of bracing, and an authorization for surgical referral for knee and shoulder surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 times a week for 6 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 114, Hallmarks of good PT Program; ODG Physical Therapy Guidelines.

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

**Decision rationale:** The California MTUS Guidelines state 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. Treatment for myalgia and myositis, unspecified, includes 9 to 10 visits over 8 weeks. There was no specific body part listed in the current request. Therefore, the request cannot be determined as medically appropriate. There was also no evidence of an objective functional improvement as a result of previous physical therapy. The current request for 18 sessions of physical therapy also exceeds Guideline recommendations. Based on the clinical information received and the California MTUS Guidelines, the request for Physical Therapy 3 X 6 is non-certified.