

<b>Case Number:</b>	CM14-0000610		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	06/12/2013
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine 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 expert 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 37year old female who was injured on 0612/2013 while she was attempting to sit down on a swivel chair when the chair rolled away. She fell to the linoleum-tiled floor onto her right side, striking her elbow and arm. Prior treatment history has included continued 12 physiotherapy session 2-3 times a week for 6 weeks, for cervical spine, right knee, right shoulder, right elbow, she never had therapy for this body part. PR-2 dated 10/17/2013 documented the patient to have complaints of ongoing neck 7/10, right shoulder 8/10, right elbow 8/10, right wrist, and right knee 10/10 pain. Objective findings on exam included examination of the right shoulder revealing impingement. The right wrist was tender. Right knee had mild painful motion and tenderness at medial joint line. Diagnoses: 1. Chronic neck pain, no improvement. 2. Right shoulder impingement, no history of therapy, improvement. 3. Right elbow contusion, no history of elbow, no improvement. 4. Right knee contusion, injection x 1 provided temporary relief (She declined 2nd injection). PR-2 dated 02/20/2014 documented the patient with complaints of neck 5/10, right shoulder 4/10, right elbow 5/10, and right wrist 8/10 with tingling in the fingers with activity, right knee 8/10. Objective findings revealed of the cervical spine revealed tenderness in the paracervical region. The right shoulder with positive impingement. Right wrist with tenderness. The right knee with mild painful motion and tenderness in the medial joint line. Diagnoses: 1. Chronic neck pain, no improvement. 2. Right shoulder impingement, no history of therapy, improvement. 3. Right elbow contusion, no history of therapy, no improvement. 4. Right wrist strain (completed 9 therapy sessions, no improvement). 5. Right knee contusion, injection x 1 provided temporary relief (She declined 2nd injection). Treatment/Plan: 1. Continue home exercise program and using the knee brace. 2. Patient was given a wrist brace.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy 2 x 6 to the Neck, Right Elbow, Right Shoulder and Right Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Online Official Disability Guidelines (ODG)

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

**Decision rationale:** As per CA MTUS guidelines for physical therapy recommends Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. As per ODG, Sprains and strains of the neck allow 10 visits over 8 weeks, Impingement syndrome of the shoulder allows 10 visits over 8 weeks. As per ODG, Sprains and strains of elbow and forearm allows 9 visits over 8 weeks. Sprains and strains of knee and leg allow 12 visits over 8 weeks. The medical records dated 10/17/2013 report the patient has unresolved neck pain (7/10), right shoulder pain (8/10), right elbow (8/10), right knee (10/10), and low back (7/10). According to the UR available, 31 physical therapy (PT) sessions have already been approved. It is unclear from the records submitted regarding the total number of visits provided. It is also unclear if the prior PT treatment resulted in any functional improvement in activity or reduction in pain, therefore, the request for 12 additional visits of PT is not medically necessary.