

<b>Case Number:</b>	CM14-0118511		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/26/2011
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 Orthopedic Surgeon, has a subspecialty in Sports 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 injured worker is a 27-year-old male who reported an injury on 10/26/2011. The injury reportedly occurred when the injured worker attempted to split up 2 customers who were fighting. His diagnoses include adhesive capsulitis of the right shoulder, status post right shoulder surgery, degenerative lumbar disc disease, facet arthropathy of the lumbar spine, lumbar strain and internal derangement of the right knee. His past treatments included aquatic therapy, activity modification, home exercises, acupuncture and medications. On 07/01/2014, the injured worker presented with complaints of pain in his back, right shoulder and right lower quadrant. It was noted that the injured worker should continue Physical Therapy and Aquatic Therapy, as he reported that it helped. No physical examination findings were included within this report. His medications included Oxycodone IR. His treatment plan included continued Physical Therapy and Aquatic Therapy, as well as participation in a home exercise program. The recommendation for continued therapy was based on the injured worker's subjective reports of benefit. The Request for Authorization form was submitted on 07/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue Physical Therapy and Aquatic Therapy 2 times a week for 6 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.

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

**Decision rationale:** The request is not medically necessary. According to the California MTUS Guidelines, physical medicine may be recommended up to 10 treatments for unspecified myalgia and myositis to promote functional gains. The clinical information submitted for review indicated that the injured worker had reported benefit from physical therapy and aquatic therapy. However, the documentation did not indicate the specific number of visits completed or show clear evidence of objective functional gains made with previous treatment. In addition, in the absence of a physical examination from his 07/01/2014 clinical note, it cannot be established that the injured worker has current functional deficits to warrant therapy. In addition, the guidelines state that aquatic therapy is only recommended when reduced weight bearing is desired. However, a clear rationale for the requested aquatic therapy was not provided. Therefore, the request is not medically necessary.