

<b>Case Number:</b>	CM14-0123665		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	01/07/2011
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 57-year-old female with an injury date of 01/07/2011. Based on the 07/23/2014 progress report, the patient complains of thoracic/lumbar pain, neck pain, left shoulder pain, hip pain, and knee pain. The 07/25/2014 report also indicate that the patient has problems sleeping, but does not endorse excessive daytime sleepiness. She also has problems with balance and dizziness. The patient's diagnoses include the following: 1. Cervical strain secondary to injuries of 06/03/2008, 03/26/2010, 01/07/2011. 2. Lumbosacral strain arising from 03/26/2010 and 01/07/2011 injuries with right L5 radicular symptoms subsequent to the 01/07/2011 injury. 3. Head trauma with posttraumatic subarachnoid hemorrhage with chronic headaches. Disequilibrium and cognitive deficits subsequent to the 06/03/2008 injury. 4. Left hip contusion and strain with labral tear following the 01/07/2011 injury. 5. Left knee contusion and strain following the 01/07/2011 injury with minimal symptoms. 6. Left shoulder contusion and strains status post acromioplasty, superior labral repair and distal clavicle excision following the January 2011 injury. The Utilization Review determination being challenged is dated 08/05/2014. Treatment reports were provided from 04/14/2013 - 07/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 3 x 2 Left hip, left shoulder, left knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines -Hip & Pelvis : physical medicine Official Disability Guidelines - Shoulder Official Disability Guidelines - Knee & Leg.

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

**Decision rationale:** Based on the 07/23/2014 progress report, the patient presents with pain in her thoracic spine, lumbar spine, left shoulder, hip, and knee. The request is for additional physical therapy 3x2, left hip, left shoulder, and left knee. The 07/25/2014 report indicates that the patient has "recently had 6 physical therapy visits for her left hip. She found the therapist excellent. The 07/23/2014 also states "she finished PT for her hip at Avail PT and reports it was helpful; her pain goes away for a short time after PT visits, and overall has been less. the MTUS Guidelines pages 98 and 99 state that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks. For myalgia, neuritis, and radiculitis, 8 to 10 visits are recommended. In this case, the treater has asked for a total of 12 sessions of physical therapy. The patient already completed 6 recent sessions and additional 12 sessions are not supported by MTUS. The patient should transition into a home exercise program. The request is not medically necessary.