

<b>Case Number:</b>	CM14-0128576		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	05/21/2008
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 & Rehabilitation, has a subspecialty in Pain 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 62 year old male with an original industrial injury on 5/1/2008. The injured worker's diagnoses include right shoulder pain and right knee pain. The patient has a history of shoulder arthroscopic surgery in October of 2008 and total knee replacement done 9/8/2011. The patient has had conservative treatments with non-steroidal anti-inflammatory drugs (NSAIDs), physical therapy (PT), Tramadol, and activity restriction. The disputed request at the present time is for 6 additional sessions of physical therapy. This was denied in a utilization review determination. The reviewer's rationale for denial was that the patient had already tried PT and it is not apparent how "treatment at this time would be proposed to differ from the past treatment."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 1 x 6:** Upheld

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

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

**Decision rationale:** The guidelines recommend tapering formal physical therapy and transitioning to self-directed home exercises. In this case, the submitted documentation does not contain a comprehensive overview of how many physical therapy (PT) sessions the injured worker has completed and when was her last session. There are notes which reference other PT notes under the medical records reviewed section, but there is no thoughtful discussion of functional benefit. Given this, the request for additional PT is not medically necessary.