

<b>Case Number:</b>	CM14-0136444		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	11/07/2007
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 and is licensed to practice in Nevada. 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 44 year-old male who was reportedly injured on November 7, 2007. The mechanism of injury is noted as a fall type event. The most recent progress note, dated July 24, 2014, indicates that there are ongoing complaints of shoulder, neck and low back pain. The physical examination demonstrated well healed surgical scars of the right shoulder, tenderness to palpation over the medial joint line of the left knee with crepitus, and a positive McMurray's. A decrease in left knee range of motion is reported. Diagnostic imaging studies objectified the degenerative changes. Previous treatment includes multiple medications, physical therapy, surgical interventions, injection therapy and other pain management interventions. A request was made for physical therapy and was not certified in the pre-authorization process on July 31, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative Physical Therapy Sessions for the right shoulder (1x4): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): page 26.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** When noting the date of injury, the multiple injury sustained, the surgical intervention as well as the amount of postoperative physical therapy order completed tempered by the parameters outlined in the MTUS there is insufficient data presented to suggest the need for additional physical therapy. When noting the range of motion reported, the only indication is a home exercise protocol emphasizing overall fitness, conditioning and maximizing range of motion. Therefore, based on clinical information presented for review this is not medically necessary.

**Left Knee Ultrasound:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - TWC Knee Chapter; Ultrasound, diagnostic

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009 Page(s): 123 OF 127.

**Decision rationale:** As noted in the MTUS, ultrasound is not recommended. While noting this device has been employed for more than 60 years, the effectiveness of ultrasound has been questionable. There is no evidence that active therapeutic ultrasound is more effective than placebo in treating people with pain or range of motion issues. Therefore, based on the clinical information presented for review the medical necessity cannot be established.