

<b>Case Number:</b>	CM14-0169562		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	06/25/2008
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Family 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:

56 year old male claimant sustained a work injury on 6/25/08 involving the right shoulder, low back and knee. He was diagnosed with right internal knee derangement and underwent arthroscopy in February 2013. He had lumbar disc desiccation and received epidural steroid injections. He had bilateral shoulder decompression surgeries. A progress note on 9/2/14 indicated the claimant had 8/10 neck and mid back pain. Lower extremity strength and sensation was diminished. The claimant had been continuing a home exercise program. The following month the physician requested 12 sessions of physical therapy for the knee and shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical Therapy 3 Times a Week For 4 Weeks, Bilateral Shoulders and Right Knee:**  
Upheld

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

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

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or

less), plus active self-directed home Physical Medicine. In this case, the amount of therapy requested exceeds the amount recommended by the guidelines. In addition, the claimant had already been performing home exercises. The request for 12 Physical Therapy 3 Times a Week for 4 Weeks, Bilateral Shoulders and Right Knee is not medically necessary.