

<b>Case Number:</b>	CM14-0029263		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/22/2007
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 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 64 year old female who reported an injury on 03/22/2007. The mechanism of injury is unknown. The injured worker had no pain complaints on her most recent visit on 04/22/2014. Her only complaint was her knee brace being loose and needing a new one ordered. She stated that physical therapy and yoga helped her tremendously and that she was getting stronger. Physical examination revealed that the injured worker was using her lumbar brace, knee brace and had been able to work. The injured worker had been able to stand up a little straighter and was not requiring as much medication. The injured worker has diagnoses of left shoulder SLAP and rotator cuff repair on 2010, chronic low back pain, chronic bilateral knee pains and chronic left lower extremity pain. The injured workers medications include Zanaflex 4mg 2 times a day PRN and Tramadol 50mg PRN. The treatment plan is for Physical Therapy Twice (2) a week for Four (4) weeks. The rationale was not submitted for review. The request for authorization was submitted on 04/10/2014 by [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Twice (2) a week for Four (4) weeks.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** The injured worker had no pain complaints on her most recent visit on 04/22/2014. The California Medical Treatment Utilization Schedule (MTUS) guidelines state physical therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is a lack of documented evidence as to why additional sessions of therapy are needed. No subjective or objective evidence on the injured workers functional progress. There were no notes showing how the previous sessions of physical therapy were beneficial to the injured worker, just that physical therapy and yoga helped her tremendously. There was no evidence as to why the injured worker would not benefit from a home exercise program and continued yoga. As such, the request for Physical Therapy Twice (2) a week for Four (4) weeks is not medically necessary.