

<b>Case Number:</b>	CM14-0032978		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/06/2013
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 7/6/13. A utilization review determination dated 3/6/14 recommends modification of 18 PT sessions for the left shoulder and right knee to 6 sessions. 2/27/14 medical report identifies severe left shoulder and low back pain as well as mild-moderate right knee pain. There is some limited ROM of the left shoulder and low back tenderness with positive SLR bilaterally. No knee exam findings are noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 Physical Therapy Sessions for the left shoulder and Right Knee between 3/5/2014-5/4/2014:** 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009), Physical Medicine Page(s): 98-99.

**Decision rationale:** Regarding the request for 18 Physical Therapy Sessions for the left shoulder and Right Knee, CA MTUS supports up to 10 PT sessions in the management of these injuries. Within the documentation available for review, there is documentation that the prior utilization review modified the request to certify 6 sessions of physical therapy. 18 sessions exceeds the

recommendations of the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested 18 Physical Therapy Sessions for the left shoulder and Right Knee is not medically necessary.