

<b>Case Number:</b>	CM14-0055314		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	05/03/2013
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Interventional Spine 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 patient is a 48-year-old male with a date of injury of 05/03/2013. The listed diagnoses per [REDACTED] are: 1. Cervical spine, C3-C4 disk protrusion. 2. Thoracic spine MLDP. 3. Lumbar spine-MLDP/scoliosis. 4. Left wrist ganglion cyst. 5. Right knee degenerative disease, ACL. 6. Bilateral shoulder. 7. RC tendonitis. According to progress report 04/01/2014 by [REDACTED], the patient presents with ongoing complaints of the left wrist, right knee, and bilateral shoulder. This progress report is handwritten and partially illegible. Progress report 03/04/2014 notes the patient has "0/10 pain" in the spine, left wrist, right knee, and shoulders. Patient reports no radiating pain. Examination findings revealed positive McMurray's, impingement in the shoulder bilaterally, and Phalen's and Tinel's at the left wrist. This is a request for physical therapy for multiple body sites 2 times a week for 4 weeks. The treater does not provide a rationale for this request. Utilization review denied the request on 04/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for multiple body sites, 2 times a week for 4 weeks, QTY: 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

**Decision rationale:** This patient presents with back, left wrist, right knee, and bilateral shoulder complaints. Treater is requesting physical therapy for multiple body sites 2 times a week for 4 weeks. For physical medicine, the MTUS guidelines, pages 98 and 99, recommends for myalgia, myositis-type symptoms 9 to 10 sessions over 8 weeks. Review of the medical records indicates patient's history of treatment to include TENS unit, ESWT to the wrist, acupuncture, physical therapy, and medications. In this case, medical records indicate the patient was prescribed 8 physical therapy sessions on 12/26/2013. The treater does not provide a discussion on the outcome of these prior sessions. In this case, the treater's request for 8 additional sessions including the 8 already prescribed exceeds what is recommended by MTUS. Physical Therapy is not medically necessary.