

<b>Case Number:</b>	CM14-0061852		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/19/2001
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	04/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 underlying date of injury in this case is 03/19/2001. The patient's diagnoses include a left tibial-fibula fracture, left shoulder rotator cuff tear, and lumbosacral spondylosis. On 01/19/2014, the patient's treating physician diagnosed patient with ongoing low back pain as well as left shoulder pain and left leg pain. The treating physician recommended continuation of physical therapy as directed by the patient's surgeon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve physical therapy sessions:** Upheld

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

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

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines Section on Physical Medicine recommends to allow for fading of treatment frequency plus active self-directed home physical medicine. This patient previously completed at least 12 sessions of physical therapy. The medical records provided to not discuss the results of the physical therapy and specific rationale and goals to continue with additional

physical therapy. Thus, at this time the request for additional supervised therapy is not supported by the medical record and treatment guidelines. This request for Twelve physical therapy sessions is not medically necessary.