

<b>Case Number:</b>	CM14-0068027		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	05/10/2011
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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:

This injured worker's date of injury is 05/10/2011. This patient works as a painter. There is no documentation of the original injury. The treating physician's PR-2 report states the patient has chronic left shoulder, neck, elbow, and knee pain with numbness. There is no documentation of the physical exam. A different physician documented in an office visit note date 11/27/2013, on exam there is tenderness on the right pectorals, right shoulder, and at the scapular attachment. Neck range of motion (ROM) is full. Upper extremity power exam is normal. On the PR-2 the diagnoses include left shoulder impingement, lateral epicondylitis left elbow, lumbar strain, chondromalacia patella, and left knee meniscus tear. There is no documentation of any imaging or physical exam for these entities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 4 week for the left shoulder, left elbow, left wrist and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Chapters: Shoulder, Elbow, Forearm Wrist, and Hand and Low Back.

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

**Decision rationale:** There is a paucity of medical documentation regarding the medical diagnoses, the physical exam, diagnostic testing, previous treatments tried and failed, as well as functional assessments. Treatment guidelines call for fading of therapy sessions, which are then to be followed by a program of home exercises. Based on the documentation, the request for physical therapy is not medically necessary.