

<b>Case Number:</b>	CM14-0095229		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	01/29/2013
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Nevada. 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 60 year old male who was reportedly injured on 01/29/2013. The mechanism of injury is not listed in the records provided. The report states that the injured worker is to continue with home exercise program/strengthening. Subjective complaints are listed as left shoulder pain with loss of motion and pain with medication is 7/10 and without medication is 8-9/10. Able to perform activities of daily living and has improved sleep pattern. Objective findings indicate range of motion decreased flexion 100 degrees, C-spine tender, positive pain with axial compression. There is no indication that there was any objective benefit from physical therapy (PT). The number of PT visits is unknown. There is no evidence of documentation of any flare-up of the chronic pain over and above baseline. Medication prescribed is Ultram 50mg. currently taking Vicodin. Submitted documentation is handwritten and difficult to decipher in many areas. A request was made for additional physical therapy and a follow up, and was denied on 06/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines C.C.R. 9792.20, Manual therapy and manipulation Page(s): 58-60.

**Decision rationale:** This individual was last seen 05/21/14 at which time it was noted that the diagnoses were cervical sprain and strain, left upper extremity (LUE) radiculitis, and s/p left knee surgery on 08/22/13. Considering that the last evaluation was over three months ago there is no present documentation that supports the need for additional physical therapy. The guidelines require a recent medical need and a functional goal to support the request for additional therapy and these are not provided. Therefore the denial of the request is upheld.

**Follow Up:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 - Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** This individual was last seen 05/21/14 at which time it was noted that the diagnoses were cervical sprain and strain, left upper extremity (LUE) radiculitis, and s/p left knee surgery on 08/22/13. The last evaluation was over three months ago. There is no indication or documentation that supports the need for a follow up visit. The guidelines require a reason for medical necessity for a follow up and the documentation does not support this. In light of this, the denial of the request is upheld.