

<b>Case Number:</b>	CM15-0130093		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	04/11/2013
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 58-year-old female who sustained an industrial injury on 4/11/2013 resulting in pain in her upper and lower back, left knee, and left ankle. She was diagnosed with chondromalacia and meniscus tear of the left knee; cervical strain; lumbar strain; left ankle sprain; right shoulder rotator cuff acute tear; and, post right shoulder arthroscopic repair from previous injury. Treatment for these injuries has included left knee arthroscopic partial meniscectomy, cervical injection, medication, ice, rest, and physical therapy; Effectiveness of treatments is not evident in provided documentation. The injured worker continues to report pain and stiffness to the right shoulder, left ankle, low back, cervical spine, and left knee. The treating physician's plan of care includes 8 sessions of physical therapy for the left ankle, low back, cervical spine, and left knee. Her current working status is not provided in recent documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times weekly for 4 weeks for the right shoulder, left ankle, low back, cervical spine and left knee:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in April 2013 and continues to be treated for neck pain, low back pain, right shoulder pain, and left knee and ankle pain. Right rotator cuff arthroscopic revision in October 2013 and left knee arthroscopy in June 2014 with both surgeries followed by physical therapy. When seen, the claimant's BMI was over 30. There was decreased cervical spine and slightly decreased right shoulder range of motion. There was decreased quadriceps strength. Strength was otherwise normal. There was normal sensation. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was likely to be effective. The request is not medically necessary.