

<b>Case Number:</b>	CM15-0161430		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	11/25/2014
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 47 year old male, who sustained an industrial injury on November 25, 2014. He reported left knee and left shoulder pain. Treatment to date has included cortisone injection, physical therapy, x-rays, MRI, cane, orthotics and home exercise program. Currently, the injured worker complains of left ankle pain that is rated at 8 on 10. He complains of left shoulder pain and reports the shoulder locks when he attempts to raise his arms above his shoulders. He also reports constant left knee pain and sleep disturbance due to the pain. The injured worker is currently diagnosed with left leg joint pain. His work status is temporary total disability. A note dated May 6, 2015, states the injured worker received a steroid injection to his left shoulder without immediate significant efficacy reported. Physical therapy, (12 sessions) for the left leg, is requested to decrease pain and improved function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical therapy sessions for the left leg:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter Online Version.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter.

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis; unspecified 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ODG guidelines, 12 sessions of therapy after surgery for meniscal injury is appropriate. In this case, the surgeon suspected meniscal injury on exam and recommended arthroscopic surgery as well as a 12 sessions of PT. In this case, the request is medically necessary and appropriate.