

<b>Case Number:</b>	CM15-0183634		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	07/22/2015
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for shoulder, neck, and knee pain reportedly associated with an industrial injury of July 22, 2015. In a Utilization Review report dated September 4, 2015, the claims administrator failed to approve a request for 18 sessions of physical therapy for the shoulder, neck, and knee. An August 24, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On a physical therapy progress note dated August 24, 2015, it was contended that the applicant had had 11 cumulative sessions of physical therapy through this point in time. The applicant stated that "physical therapy is not helping," it was reported on that date. 5-6/10 pain complaints were noted. The treating therapist stated that the applicant was "not progressing." The applicant was reportedly working with restrictions in place, it was stated on this date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week for 6 weeks, left shoulder, neck, left knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004. Decision based on Non-MTUS Citation Physical medicine.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Shoulder Complaints 2004, Section(s): Initial Care, and Knee Complaints 2004, Section(s): Initial Care.

**Decision rationale:** No, the request for 18 sessions of physical therapy for the shoulder, neck, and knee was not medically necessary, medically appropriate, or indicated here. The applicant had had prior treatment through the date of the request (August 24, 2015), seemingly well in excess of the 1-2 sessions of physical therapy suggested in the MTUS Guideline in ACOEM Chapter 8, Table 8-5, page 174 for education, counseling, and evaluation of home exercise transition purposes for applicants with neck and upper back pain complaints, also seemingly well in excess of the initial and follow-up visits suggested in the MTUS Guideline in ACOEM Chapter 9, Table 9-3, page 204 for applicants with shoulder pain complaints, and also well in excess of the initial and follow-up visits suggested in the MTUS Guideline in ACOEM Chapter 13, Table 13-3, page 338 for applicants with knee pain complaints, as were also present here. The MTUS Guideline in ACOEM Chapter 3, page 48 further stipulates that it is incumbent upon an attending provider to furnish a prescription for physical therapy which "clearly states treatment goals." Here, however, clear treatment goals were neither stated nor formulated. The physical therapy progress note of August 24, 2015 suggested that the applicant was "not progressing." By the applicant's own self-report, physical therapy was "not helping," it was stated on that date. Work restrictions were seemingly unchanged, on that date, the treating therapist suggested. All of the foregoing, taken together, suggested that the applicant had effectively plateaued in terms of the functional improvement parameters established in MTUS 9792.20e following receipt of 11 prior physical therapy treatments. Therefore, the request for 18 additional sessions of physical therapy was not medically necessary.