

<b>Case Number:</b>	CM15-0194236		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	08/30/2013
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 53 year old male, who sustained an industrial injury on 08-30-2013. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for diabetes, high blood pressure, left shoulder impingement syndrome, right shoulder impingement syndrome, bilateral knee patellofemoral pain from direct trauma, cervical spine strain or sprain, bilateral cubital tunnel syndrome, and right sided carpal tunnel syndrome. Medical records (02-26-2015 to 08-26-2015) indicate ongoing right shoulder pain and bilateral knee pain. Pain levels were not rated on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Work status was not specified. The physical exam, dated 08-26-2015, revealed pain over the impingement area of the right shoulder, tenderness to the trapezius muscles, medial joint line tenderness over both knees, knee cap pain, positive McMurray's and improve quad strength. Relevant treatments have included: 12 sessions of physical therapy (PT) for the left knee, 4 sessions of PT for the right shoulder and right knee, work restrictions, and pain medications. During the first 4 sessions of PT for the right shoulder, there was no noted decrease in pain, improvement in ROM of the right shoulder, or improvement in function. The request for authorization (08-28-2015) shows that the following therapy was requested: 12 sessions (2x6) of PT for the right shoulder. The original utilization review (09-04-2015) non-certified the request for 12 sessions (2x6) of PT for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, right shoulder, 2 times weekly for 6 weeks, 12 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Based on the 7/16/15 progress report provided by the treating physician, this patient presents with bilateral knee pain, right shoulder pain. The treater has asked for physical therapy, right shoulder, 2 times weekly for 6 weeks, 12 sessions but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient had 12 physical therapy sessions for his shoulder which were helpful per 7/16/15 report. The included physical therapy reports showed the patient had 6 sessions from 8/6/15 to 8/27/15. The patient is currently having occasional popping/catching from bilateral knees although it has improved from before per 7/16/15 report. The patient had an upper extremity EMG showing bilateral cubital tunnel syndrome and right carpal tunnel syndrome per 5/21/15 report. The patient had knee MRIs showing bilateral medial meniscus tears, but no surgeries to the knee per 5/21/15 report. The patient's work status is not included in the provided documentation. MTUS Guidelines, Physical Medicine section, pages 98 and 99 states: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." The patient is s/p 12 physical therapy sessions to the bilateral knees and to the right shoulder, with 6 recent therapy sessions in August of 2015. The treater has documented that prior physical therapy has been helpful. However, MTUS only allows for 8-10 sessions in non-operative cases. In combination with the prior 12 sessions of recent physical therapy, the current request for 12 additional sessions exceeds that request. Hence, the request is not medically necessary.