

<b>Case Number:</b>	CM15-0201754		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	06/01/2015
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: North Carolina

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:

This is a 41 year old male with a date of injury of June 1, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for a left radial neck fracture, bilateral rotator cuff sprain and tendonitis, and left knee sprain. Medical records dated July 15, 2015 indicate that the injured worker complained of left shoulder and arm pain, right elbow pain, left knee pain, and pain rated at a level of 4 out of 10. A progress note dated August 26, 2015 documented complaints of ongoing pain in the bilateral shoulders and left knee that is worse. Per the treating physician (August 26, 2015), the employee was to work full duty to tolerance. The physical exam dated July 15, 2015 reveals pain to the left shoulder with elevation, tenderness of the left acromioclavicular joint, slightly positive impingement sign on the left, slightly positive empty can sign on the left, and decreased range of motion of the left elbow. The progress note dated August 26, 2015 documented a physical examination that showed tenderness to palpation over the bilateral anterior shoulders and superior shoulders, tenderness over the bilateral supraspinatus tendons, tenderness over the left anterior knee, and full range of motion of the left knee. Treatment has included at least five sessions of physical therapy for the shoulders and elbow, and medications (Ibuprofen and Vicodin). The original utilization review (September 14, 2015) partially certified a request for two sessions of physical therapy for the bilateral shoulders and left knee (original request for eight sessions).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, bilateral shoulders and left knee, 8 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, and Knee Complaints 2004, Section(s): Initial Care.

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

**Decision rationale:** Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The patient has already completed a course of physical therapy. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.