

<b>Case Number:</b>	CM15-0033539		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	05/14/2003
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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, 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:

This is a 70 year old female patient, who sustained a work related injury on 5/14/03. The diagnoses have included right Achilles tendonitis, cervical strain, left knee degenerative joint disease and left shoulder impingement. Per the PR-2 dated 2/17/15, she had complains of left shoulder pain, left arm pain and right Achilles pain. The physical examination revealed right Achilles- decreased range of motion with pain, effusion, tenderness; left shoulder- decreased range of motion with pain, spasm, decreased strength, positive Hawkin's, Neer's, lift off and impingement test. Per the PR-2 dated 1/20/15, she had complains of right foot and Achilles pain and left shoulder pain. The current medications list is not specified in the records provided. She has undergone left knee menisectomy and left shoulder rotator cuff repair. She has had multiple diagnostic studies including MRI right foot dated 2/19/09, MRI right ankle dated 11/17/10, MRI left shoulder dated 7/23/13. She has had a home exercise program and activity modifications for this injury. On 1/26/15, Utilization Review non-certified requests for physical therapy 2x/week for 6 weeks to left shoulder and right Achilles and platelet-rich plasma injection right Achilles. The California MTUS and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 Times A Week for 6 Weeks to Left Shoulder and Right Achilles:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

**Decision rationale:** Request: Physical Therapy 2 Times a Week for 6 Weeks to Left Shoulder and Right Achilles. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Specific number of physical therapy visits since the date of injury in 2003 is not specified in the records provided. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visit notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical Therapy 2 Times a Week for 6 Weeks to Left Shoulder and Right Achilles is not established for this patient at this time.

**Platelet-Rich Plasma Injection Right Achilles:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 04/01/15) Platelet-rich plasma (PRP) Chapter: Ankle & Foot (updated 03/26/15) Platelet-rich plasma (PRP).

**Decision rationale:** Request: Physical Therapy 2 Times a Week for 6 Weeks to Left Shoulder and Right Achilles. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Specific number of physical therapy visits since the date of injury in 2003 is not specified in the records provided. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visit notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical Therapy 2 Times a Week for 6 Weeks to Left Shoulder and Right Achilles is not established for this patient at this time.

