

<b>Case Number:</b>	CM15-0035155		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	09/01/2012
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 57 year old woman sustained an industrial injury on 9/1/2012 to her right wrist, hand, ankle, and knee when she got her foot caught, twisted and fell. Current diagnoses include chronic right shoulder pain, chronic right knee pain with surgeries, and chronic left knee pain with surgery. Treatment has included oral medications. Physician notes dated 1/29/2015 show complaints of bilateral knee and right shoulder pain. Recommendations include six sessions of physical therapy, continue home exercise program, and follow up as needed. On 2/19/2015, Utilization Review evaluated a prescription for six sessions of physical therapy to the knees and right shoulder, that were submitted on 2/24/2015. The UR physician noted there are no significant functional deficits and the worker has not had physical therapy for over one year. Further, there is no documentation of the worker's response to past treatment. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy to the knees and right shoulder Qty: 6.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9, 48. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee and Leg (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy, physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic), Physical Therapy, ODG Preface Physical Therapy.

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." The patient has undergone physical therapy approximately 1 year ago. The response to such treatment and recommendations for future therapy are not mentioned. Additionally, the medical documents do not note a current indication for physical therapy or "exceptional factors" that would allow for treatment duration in excess of the guidelines. As such, the request for Physical therapy to the knee and right shoulder Qty: 6 is not medically necessary.