

<b>Case Number:</b>	CM15-0036657		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	10/29/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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, Arizona  
 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 63-year-old female who reported an injury on 10/29/2014. The mechanism of injury involved a fall. The current diagnoses include cervical sprain, lumbar sprain, right ankle sprain, right knee contusion, right shoulder strain, left shoulder strain, and right wrist sprain. The injured worker presented on 01/16/2015 for a follow-up evaluation with complaints of persistent shoulder pain. Upon examination of the cervical spine, there was tenderness to palpation, limited range of motion, and increased pain upon range of motion in all planes. Examination of the left shoulder also revealed diminished range of motion, increased pain, tenderness to palpation, crepitus, and positive impingement sign. The provider noted no change in examination of the right ankle, right knee, and right wrist. Recommendations at that time included an MRI of the left shoulder and an orthopedic consultation. The injured worker was also instructed to continue with Norco 5 mg and Ativan 2 mg. There was no Request for Authorization Form submitted for this review.

### 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 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Low Back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, it is noted that the injured worker has participated in a previous course of physical therapy. The request as submitted failed to indicate a specific body part to be treated. It is unclear whether the injured worker has participated in physical therapy for the upper extremity, cervical spine, or lumbar spine. Given the above, the request is not medically appropriate. Therefore, the request is not medically necessary.

**Right ankle brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state placing joints at rest in a brace or splint should be for as short of a time as possible. Gentle exercise in the initial phase of recovery is desirable. There was no comprehensive physical examination of the right ankle provided. The medical necessity for an ankle brace has not been established. There is no evidence of instability. Given the above, the request is not medically appropriate. Therefore, the request is not medically necessary.