

<b>Case Number:</b>	CM15-0061123		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	09/05/2013
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 64-year-old female, who sustained an industrial injury on 9/5/13. She reported initial complaints of neck and upper back. The injured worker was diagnosed as having right shoulder impingement syndrome; right shoulder sprain/strain; right shoulder tenosynovitis; bilateral carpal tunnel syndrome; bilateral wrist sprain/strain; right knee medial meniscus tear; left knee lateral meniscus tear; anxiety; depression. Treatment to date has included EMG/NVS upper extremities (10/27/14); MRI right shoulder and bilateral wrist (11/7/14); MRI left knee (11/7/14); MRI right knee (11/8/14); acupuncture x13; physical therapy x11. Currently, the PR-2 notes dated 2/25/15 indicated the injured worker complained of occasional, moderate, achy, right shoulder pain which was associated with overhead reaching and increase pain during sleep. The provider documents additional complaints of bilateral wrist pain as well as bilateral knee pain. His treatment plan includes acupuncture, bilateral extremity nerve test form from 11/7/14, internal medicine consult to review a respiratory report and recommendations scheduled for 3/23/15; orthopedic consult for right shoulder, wrist and knees to discuss invasive treatment options. He also requested Physical Therapy 2 times a week for 4 weeks right shoulder, bilateral wrists & bilateral knees that have been denied.

### 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 4 weeks right shoulder, bilateral wrists & bilateral knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work-related injury in September 2013 and continues to be treated for right shoulder and bilateral wrist and knee pain. Prior treatments have included physical therapy. When seen, 11 treatments had been completed. In this case, compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and, in terms of the shoulder, could include use of a home pulley system for stretching and strengthening. Providing additional skilled physical therapy services would promote dependence on therapy-provided treatments and does not reflect a fading of treatment frequency.