

<b>Case Number:</b>	CM14-0212120		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	01/07/2003
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 patient is a 62 year old female with an injury date on 1/7/03. The patient complains of right ankle pain with pain/swelling for the past 12 months per 7/30/14 report. The patient feels that due to bilateral knee injuries/surgeries have placed excessive stress on the right ankle per 7/30/14 report. The symptoms are located over the posterior-medial ankle per 7/30/14 report. The patient's custom boot has been made but is not helpful for pain or function per 10/22/14 report. Based on the 7/30/14 progress report provided by the treating physician, the diagnoses are: 1. right ankle posterior tibial tendonitis, moderately severe 2. flatfoot/heel valgus posture, fixed forefoot varus A physical exam on 7/30/14 showed bilateral ankle range of motion is restricted. The patient's treatment history includes medications, MRI right ankle, TKA bilateral knees from 2009 and 2011, and currently on total disability. The treating physician is requesting physical therapy 2x wk x 4wks left shoulder. The utilization review determination being challenged is dated 11/21/14. The requesting physician provided treatment reports from 1/29/14 to 7/30/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2xWk x 4Wks left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Physical Therapy

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

**Decision rationale:** This patient presents with right ankle pain. The treater has asked for PHYSICAL THERAPY 2X WK X 4WKS LEFT SHOULDER but the requesting progress report is not included in the provided documentation. The utilization review letter dated 11/21/14 states the patient has been authorized for 12 physical therapy sessions for the left shoulder. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, there is no record of recent therapy and a short course of treatment may be reasonable for a flare-up, declined function or new injury. However, the patient has been authorized for 12 physical therapy sessions for the left shoulder. Combined with the previously authorized 12 sessions of therapy, the requested 8 additional sessions of physical therapy exceed MTUS guidelines for this type of condition. The request IS NOT medically necessary.