

<b>Case Number:</b>	CM14-0218032		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	05/27/2010
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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: Preventive Medicine, Occupational Medicine

### 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 60 year old male, who sustained an industrial injury on May 27, 2010. The mechanism of injury is unknown. The diagnoses have included cervical discopathy with radiculitis, status post L4-S1 posterior lumbar interbody fusion, symptomatic retained spinal hardware, right knee meniscal tear with sprain/tear of the anterior cruciate ligament, left knee meniscal tear and baker's cyst and right shoulder impingement syndrome. Treatment to date has included diagnostic studies, surgery and medications. Currently, the injured worker complains of frequent pain in the low back that is worse with colder weather, lying flat on his back and prolonged sitting. There is frequent pain in the cervical spine that is aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching and working at or above the shoulder level. There is intermittent pain in the right shoulder that is aggravated by forward reaching, lifting, pushing, pulling, working at or above the shoulder level. There is also intermittent pain in both knees that is aggravated by squatting, kneeling, ascending and descending stairs, walking multiple blocks and prolonged standing. On November 24, 2014, Utilization Review non-certified physical therapy to the right shoulder 8 sessions, 2x4, noting the California Medical Treatment Utilization Schedule Guidelines. On December 29, 2014, the injured worker submitted an application for Independent Medical Review for review of physical therapy to the right shoulder 8 sessions, 2x4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy to the right shoulder 8 sessions, 2x4:** Upheld

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

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

**Decision rationale:** The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. This injured worker has been injured for almost 5 years. Medical reports in May 2014 report that he is to continue physical therapy 2x4, and in August 2014, he is to continue home exercise program. There are no reports of how many physical therapy sessions he has had to date, or if prior physical therapy included therapy for the shoulder or not. There is no report of efficacy of prior therapy, or the status of a current home exercise program, or if he has exercises that are specifically for the shoulder. Medical necessity of this request has not been established with the information that has been provided for review. The request for Physical therapy to the right shoulder 8 sessions, 2x4 is determined to not be medically necessary.