

<b>Case Number:</b>	CM15-0011963		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	10/11/2013
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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  
 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 40 year old male, who sustained an industrial injury on 10/11/2013. He has reported subsequent low back, knee, shoulder and lower extremity pain and was diagnosed with lumbar, right shoulder and right knee strain/sprain and left shoulder tendonitis. Treatment to date has included oral pain medication, physical therapy and chiropractic therapy. Currently the injured worker complains of pain to the right knee that had decreased with treatment. Objective findings showed that gait appeared normal with little or no pain at the mid-line of the right knee. Portions of the PR2 notes were illegible so the treatment plan is uncertain. The physician requested authorization for 12 sessions of physiotherapy. On 12/17/2014, Utilization Review non-certified a request for 12 sessions of physiotherapy to the lumbar spine and left shoulder 3x4, noting that there was a lack of documentation of functional improvement from previous physical therapy visits. MTUS guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the lumbar spine and left shoulder 3 times a week for 4 weeks, quantity: 12 sessions:** Upheld

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

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

**Decision rationale:** The 40 year old patient presents with low back pain without radicular symptoms, left shoulder pain and right knee pain, as per QME report dated 06/09/14. The request is for PHYSICAL THERAPY FOR THE LUMBAR SPINE AND LEFT SHOULDER 3 TIMES A WEEK FOR 4 WEEKS, QUANTITY: 12 SESSIONS. There is no RFA for this case, and the patient's date of injury is 10/11/13. The intermittent, sharp and stabbing pain is rated at 10/10, as per QME report dated 06/09/14. Diagnoses, as per the same report, included impingement of the left shoulder, degenerative joint disease of both knees secondary to obesity and malalignment of both knees, and lumbar strain with underlying degenerative joint disease. The patient is not working and is temporarily totally disabled, as per the same QME report. MTUS guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." in this case, majority of progress reports are handwritten and illegible. As per supplemental report dated 09/02/14, the patient had "physical therapy 4 times a week." The report, however, does not document the number of weeks. While it is evident that the patient has attended PT in the past neither the progress reports nor the UR denial letter document the exact number of sessions. Additionally, the treater does not discuss any improvement in function or reduction in pain due to past therapy. Hence, the request for 12 additional sessions is in excess of the recommended allowance per the MTUS guidelines, and IS NOT medically necessary.