

<b>Case Number:</b>	CM15-0119600		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	12/17/2007
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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:

This 54-year-old man sustained an industrial injury on 12/17/2007. The mechanism of injury is not detailed. Diagnoses include left shoulder impingement syndrome, enthesopathy of the knee, and hearing loss. Treatment has included oral medications. Physician notes on a PR-2 dated 2/19/2015 show complaints of left shoulder pain rated 9/10 with radiation to the cervical spine with numbness and tingling, right knee pain rated 7/10 with numbness, tingling, and weakness, and continued complaints of not being able to hear out of the left ear. Recommendations include Ibuprofen, left shoulder and right knee MRIs, ear nose and throat specialist consultation, chiropractic care, physical therapy, multi-stimulation unit for home use, Tramadol ER, urine drug screen, and follow up in five to six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the right knee:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work-related injury in December 2007 and continues to be treated for left shoulder and right knee pain. When seen, right knee pain was rated at 7/10. There was right knee tenderness with decreased and painful range of motion. Authorization for 12 physical therapy treatment sessions and 12 chiropractic treatments was requested. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and is not medically necessary.