

<b>Case Number:</b>	CM15-0073239		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	12/23/1995
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 67 year old male, who sustained an industrial injury on 12/23/95. He reported left shoulder and bilateral ankle injury. The injured worker was diagnosed as having left shoulder rotator cuff tear and labrum tear post-surgical repair, right ankle/foot sprain/strain and left ankle/foot sprain/strain. Treatment to date has included left shoulder rotator cuff repair and physical therapy. Currently, the injured worker complains of left shoulder and bilateral ankle pain. Physical exam noted slight tenderness over the left biceps tendon and tenderness of the lateral ankle ligaments bilaterally wit crepitus and pain with motion on left. The treatment plan included request for authorization for physical therapy including ultrasound, massage, therapeutic exercises of bilateral ankles/feet and request authorization for left ankle brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 times a week for 4 weeks bilateral knees and ankles:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**Decision rationale:** Guidelines state that physical medicine is recommended for myalgia and myositis, 9-10 visits over 8 weeks. In this case, the patient was previously approved for 6 sessions of physical therapy however, physical therapy documentation is not submitted for review. Without notation of response to the treatment previously completed, the medical necessity of additional treatment cannot be determined. The request for physical therapy 3 x 4 weeks for bilateral knees and ankles is not medically necessary and appropriate.