

Case Number:	CM13-0013461		
Date Assigned:	04/23/2014	Date of Injury:	11/25/2010
Decision Date:	06/10/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/20/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 58-year-old gentleman injured in a work related accident on 11/25/10. The records provide for review include one clinical progress report of 05/15/13, which was an agreed medical reevaluation. At that time, the claimant's working diagnosis was lumbar sacral sprain syndrome and status post left knee arthroscopy of 11/29/11 for ACL reconstruction with allograft and partial medial and lateral meniscectomy. The claimant is also diagnosed with a right knee strain status post surgical arthroscopy of December 2012. There is a fourth diagnosis of a right shoulder sprain. Recent treatment was not documented. Physical examination showed the left knee to have restricted strength at 3/5 with quadriceps and hamstring testing; the right shoulder to have mildly restricted range of motion with pain at endpoints of abduction and external rotation. It was documented at the time of the agreed medical evaluation that the claimant had not yet reached maximal medical improvement. There was no documentation of recent imaging. There was a current request for 12 additional sessions of physical therapy to the claimant's left knee and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE AND RIGHT SHOULDER PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS: Upheld

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

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

Decision rationale: Based on Chronic Pain Medical Treatment Guidelines, physical therapy for twelve sessions cannot be recommended as medically necessary. In this individual would not be supported. The records provide for review do not contain any recent documentation of physical examination findings or treatment dating back to May 2013. While physical therapy can be recommended in the chronic setting, it is typically limited to 9 to 10 sessions for acute symptomatic flare. There is no documentation to indicate that the claimant is experiencing a symptomatic flare. The request for 12 sessions of physical therapy in this individual with chronic pain and no recent documentation of clinical treatment or examination findings would not be supported.