

<b>Case Number:</b>	CM13-0022259		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	11/02/2011
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 physician 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 patient is a 54-year-old female who reported an injury on 11/02/2012. The specific mechanism of injury was not reported in the medical records. She has been diagnosed with right shoulder impingement syndrome with tendinitis/bursitis, right shoulder adhesive capsulitis, left shoulder sprain, and right knee sprain. Her symptoms include pain in the right shoulder and right knee. Objective findings are noted as tenderness in the right acromioclavicular joint and the anterior deltoid of the right shoulder, pain with range of motion of the right shoulder, tenderness in the medial joint line of the right knee, and tenderness in the medial joint line on the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x3 Right Knee, Right Shoulder:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state that, for the treatment of unspecified myalgia and myositis, physical medicine is recommended at 9 visits to 10 visits over 8 weeks. The medical records submitted for review indicate that the patient has participated in 26 previous

physical therapy visits. As the patient has far exceeded the number of visits and duration of treatment recommended by the guidelines, specific documentation of exceptional factors to warrant further physical therapy is needed. With the absence of this documentation, the request for additional physical therapy is not supported.

**Orthopedic Consult with [REDACTED] for Right Knee:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, chapter 7, page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

**Decision rationale:** According to ACOEM Guidelines, a referral for a surgical consult may be recommended for patients who have activity limitation for more than 1 month and have failed exercise programs intended to increase range of motion and strength of the musculature around the knee. The patient was noted to have attempted various conservative treatments since her injury. As she continues to have significant symptoms, the request for a surgical consultation is supported. For this reason, the request is certified.

**Functional Capacity Evaluation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 48.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** According to California MTUS/ACOEM Guidelines, the first step in managing delayed recovery is to document the patient's current state of functional ability. Tools for functional assessment are noted to include functional capacity exams. As the patient is noted to be more than 2 years past her injury date and has attempted multiple conservative treatments without significant improvement, the request for a functional capacity evaluation is supported. For this reason, the request is certified.