

<b>Case Number:</b>	CM13-0022473		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	03/08/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### 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 Physical Medicine & Rehabilitation, 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:

This 47 year-old female school teacher's aide sustained an injury on 3/8/13 from a slip and fall while employed by the [REDACTED]. Request(s) under consideration include Physical therapy for the right shoulder, knee and foot (8 sessions). Initial injury report noted patient with shoulder findings of no swelling; moderate tenderness; full range of motion with negative apprehension/ Hawkin's/ cross-body/ Neer's impingement; with intact motor and sensory exam. Knees exam showed mild bruise on right with negative anterior/posterior drawer testing; negative valgus/varus stress and Lachman's; full flexion and extension with intact muscle strength. Diagnoses included right knee contusion and neck strain with treatment of icing, medications, and modified activities (no available work). X-ray reports of bilateral knees showed no acute fracture or dislocation, joint spaces preserved, and soft tissue unremarkable. There is noted right shoulder injury with surgical repair per patient 20 years prior. Report of 8/16/13 from the provider noted request for additional physical therapy for unchanged symptoms of right shoulder and knee pain; not working as no modified work available. Exam of right shoulder showed no pain with impingement; flex/abd/er/ir 165/140/95/10 degrees; knee without effusion, range 0-125 degrees, some crepitus with range; tender. Diagnoses now include right shoulder sprain/ adhesive capsulitis; knee contusion; ankle joint pain with treatment of continued PT and unchanges work restrictions (remain not working). Request(s) for Physical therapy for the right shoulder, knee and foot (8 sessions) was non-certified on 8/23/13 citing guidelines criteria and lack of medical necessity.

### 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 shoulder, knee and foot (8 sessions): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This 47 year-old female school teacher's aide sustained an injury on 3/8/13 from a slip and fall while employed by the [REDACTED]. Request(s) under consideration include Physical therapy for the right shoulder, knee and foot (8 sessions). Initial injury report noted patient with shoulder findings of no swelling; moderate tenderness; full range of motion with negative apprehension/ Hawkins'/ cross-body/ Neer's impingement; with intact motor and sensory exam. Knees exam showed mild bruise on right with negative anterior/posterior drawer testing; negative valgus/varus stress and Lachman's; full flexion and extension with intact muscle strength. Diagnoses included right knee contusion and neck strain with treatment of icing, medications, and modified activities (no available work). X-ray reports of bilateral knees showed no acute fracture or dislocation, joint spaces preserved, and soft tissue unremarkable. There is noted right shoulder injury with surgical repair per patient 20 years prior. Report of 8/16/13 from the provider noted request for additional physical therapy for unchanged symptoms of right shoulder and knee pain; not working as no modified work available. Exam of right shoulder showed no pain with impingement; flex/abd/er/ir 165/140/95/10 degrees; knee without effusion, range 0-125 degrees, some crepitus with range; tender. Diagnoses now include right shoulder sprain/ adhesive capsulitis; knee contusion; ankle joint pain with treatment of continued PT and unchanges work restrictions (remain not working). Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is no clear measurable evidence of progress with previous PT including milestones of increased ROM, strength, and functional capacity. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. Provider's dated report has no documentation of new acute injury or flare-up to support for formal PT as the patient should continue the previously instructed independent home exercise program for this chronic injury of March 2013. Multiple medical reports have unchanged chronic pain symptoms, unchanged clinical findings with continued treatment plan for PT without demonstrated functional benefit. Without documentation of current deficient baseline with clearly defined goals to be reached, medical indication and necessity for formal PT has not been established. The Physical therapy for the right shoulder, knee and foot (8 sessions) is not medically necessary and appropriate.