

Case Number:	CM13-0031561		
Date Assigned:	12/04/2013	Date of Injury:	06/15/2006
Decision Date:	01/23/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/03/2013

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 Family Practice 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 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 67-year-old female who reported an injury on 06/15/2016 resulting in chronic pain of the left shoulder, lumbar spine, left hip, and right knee. The patient underwent surgical intervention for the right knee. The patient's chronic pain has been managed by extensive physical therapy, aqua therapy, and medications. The patient's most recent clinical exam findings included tenderness to palpation and decreased range of motion of the right knee, and tenderness to palpation and decreased range of motion of the left shoulder, lumbar spine, and left hip. The patient's treatment plan included continuation of aquatic therapy and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy two (2) times a week for six (6) weeks to the left shoulder and right knee:
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 Physical Medicine Section Page(s): 98-99.

Decision rationale: The requested physical therapy 2 times a week for 6 weeks for the left shoulder and right knee is not medically necessary or appropriate. The clinical documentation

submitted for review does provide evidence that the patient has chronic pain of the left shoulder and right knee. The California Medical Treatment Utilization Schedule recommends patients are transitioned into a home exercise program to maintain improvement levels established during supervised therapy. The clinical documentation submitted for review does not provide any evidence of increased functional benefit as a result of the patient's prior extensive therapy. There are no exceptional factors noted with the documentation to support extending treatment. Additionally, the patient should be well versed in a home exercise program. There were no barriers noted within the documentation to preclude further progress of the patient while participating in an independent home exercise program. As such, the requested physical therapy 2 times a week for 6 weeks to the left shoulder and right knee is not medically necessary or appropriate.