

<b>Case Number:</b>	CM13-0033160		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	10/03/2011
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. 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 Pediatric Rehabilitation Medicine and is licensed to practice in Illinois, Indiana and Texas. 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.

### 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 64-year-old female who reported injury on 10/03/2011. The mechanism of injury was stated to be a twist and fall. The patient was noted to have right shoulder pain, right trapezium pain, and right knee pain. The patient's diagnoses were noted to include status post right shoulder rotator cuff repair and right knee pain, possible chondromalacia, status post right knee arthroscopy. The plan was noted to include physical therapy right shoulder, quantity 12, and physical therapy right knee, quantity 12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, Right knee, QTY 12.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines and Official Disability Guidelines (ODG), Physical Therapy Guidelines.

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

**Decision rationale:** California Post-Surgical Treatment Guidelines do not apply as patient had surgery to her right knee in September of 2012. CA MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the

rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis. Physical examination of the patient's right knee indicated they had positive medial joint line tenderness, positive effusion, and that the patient had no lateral joint line tenderness and had 0 to 135 degrees range of motion. It is noted that the patient continued to be symptomatic on the right knee and would need physical therapy with range of motion exercises and anti-inflammatory medications post surgically. Clinical documentation submitted for review failed to provide documentation of the patient's functional deficits and response to previous therapies. The patient should be well-versed in a home exercise program. Given the above and the lack of documentation of exceptional factors, the request for physical therapy right knee, quantity 12, is not medically necessary.

**Physical therapy, Right shoulder, QTY: 12.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines and Official Disability Guidelines (ODG), Physical Therapy Guidelines.

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

**Decision rationale:** California Post-Surgical Treatment Guidelines do not apply as patient had surgery to her right shoulder in March of 2012. CA MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis. The clinical documentation submitted for review revealed the patient had forward elevation of 175 degrees, external rotation of 85 degrees, internal rotation of 90 degrees, and abduction of 110 degrees. The rotator cuff strength was 5/5. The patient was noted to have a normal Hawkins, Neer, Speed's, and Yergason's test. The patient was noted to have pain with palpation of the belly of the trapezium muscle. Clinical documentation submitted for review failed to provide documentation of the patient's functional deficits and response to previous therapies. The patient should be well-versed in a home exercise program. Additionally, it failed to provide the necessity for 12 sessions of physical therapy for the right shoulder. Given the above, the request for physical therapy right shoulder, quantity 12, is not medically necessary.