

Case Number:	CM13-0044909		
Date Assigned:	12/27/2013	Date of Injury:	12/01/2009
Decision Date:	02/25/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	10/29/2013

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 & 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 55-year-old male who reported a work-related injury on 12/01/2009 as result of a fall. Subsequently, the patient presents for treatment of the following diagnoses: left shoulder sprain/strain, right knee internal derangement, and status post right knee arthroscopic surgery. The clinical note dated 10/11/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient reports no relief from therapy sessions. The patient is not utilizing any medication regimen. The patient reports left shoulder symptomatology includes complaints of popping, cracking, and clicking. The patient reports intermittent pain to the bilateral knees. Upon physical exam of the patient's left shoulder, tenderness on the anterior aspect was noted. Abduction was 140 degrees, flexion was 150 degrees, external rotation 60 degrees, and internal rotation 50 degrees. Yergason's and Speed's testing was positive. There was tenderness noted over the right knee with synovitis with positive fluid, flexion beyond 100 degrees was painful, and tenderness over the medial joint line was noted. The provider documented patellofemoral compression testing was positive and the patient had difficulty with squatting and duck walking. The provider reported the patient was continuing with physical therapy 2 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2x4 for 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 Page(s): 99.

Decision rationale: The clinical documentation submitted for review fails to evidence the patient's course of treatment as far as supervised therapeutic interventions, frequency, duration, and efficacy of treatment to date for the patient's pain complaints about the left shoulder and right knee. The provider additionally noted on the most recent clinical documentation submitted that the patient reported physical therapy was ineffective for his pain complaints. The MTUS Chronic Pain Guidelines indicate to allow for fading of treatment frequency from up to 3 visits per week to 1 or less. Given all of the above, the request for PT 2x4 for the left shoulder and right knee is not medically necessary and appropriate.