

Case Number:	CM13-0051158		
Date Assigned:	12/27/2013	Date of Injury:	01/14/2009
Decision Date:	03/11/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/14/2013

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 Orthopedic Surgery and Hand Surgery and is licensed to practice in Texas. 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 60-year-old male who reported an injury on 01/14/2009. Review of the medical record reveals the patient has the following diagnoses: impingement syndrome, bilateral shoulders, ICD 9 code 726.2; tear of the supraspinatus tendon, right shoulder, ICD 9 code 840.6; tear of the subscapularis tendon, left shoulder, 840.5; supraspinatus tendinosis, left, ICD 9 code 726.10; bilateral shoulder sprains, ICD 9 code 840.9; ganglion cyst, supraspinatus tendon, left shoulder, ICD 9 code 727.43; ruptured biceps, right shoulder, 840.8; sub deltoid bursitis, both shoulders, ICD 9 code 726.19; degenerative disc disease L3-4, L4-5, and L5-S1, ICD 9 code 722.52; musculoligamentous sprain, lumbar spine, ICD 9 code 847.2; disc protrusion at L2-3, five mm L3-4, six mm L4-5, ICD 9 code 722.10; ICD 9 code 844.9; severe degenerative joint disease, right knee, ICD 9 code 715.96; tear of the lateral meniscus, right knee, ICD 9 code 836.1; medial and lateral meniscus tears, left knee, ICD 9 code 836.0/836.01; right knee arthroscopy, ICD 9 code V45.89. The most recent clinical note dated 12/09/2013 reveals the patient complains of pain and discomfort in his bilateral shoulders, bilateral knees, and lumbar spine. The patient rates his pain 9.5/10. Objective findings upon examination revealed positive tenderness to palpation over bilateral shoulders with pain and limited range of motion, bilateral tenderness to palpation over bilateral knees with pain as well as limited range of motion, and limited range of motion with pain and tenderness to palpation noted to lumbar spine. The patient continues to have pain and difficulty with stairs, walking, standing, and overhead reaching, which is unchanged since his previous clinical visit. It was noted that there was a change in the patient's left knee range of motion, as it was previously was 116 degrees flexion, and is currently at 110 degrees flexion. The patient's sensory status is within normal limits, which is unchanged since previous visit. His muscle strength is graded 4/5 to the right knee which is also unchanged since previous visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy; 2X4: 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): 98-99.

Decision rationale: Per California MTUS Guidelines, it is stated that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. The patient has received previous physical therapy, and there is no clinical documentation provided in the medical record of the results of that physical therapy. There is also no specified body part as to which the request for physical therapy is in reference to. As there is no documentation of the specific body part requiring the physical therapy at this time, and there is no documentation of the patient's functional gain from previous physical therapy or decrease in pain, the medical necessity for the requested service cannot be determined at this time. As such, the request for physical therapy 2X4 is non-certified.