

Case Number:	CM13-0059000		
Date Assigned:	12/30/2013	Date of Injury:	03/23/2007
Decision Date:	03/26/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/27/2013

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 Emergency Medicine, 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:

Patient with date of injury on 3/23/2007. No injury mechanism provided in records. Pt has multiple pain related diagnosis, most relevant to review is R shoulder adhesive capsulitis, cuff tendinopathy and spur along with L knee peroneal neuritis, meniscal tear, chondral flap and degenerative changes; see MRI reports for more diagnoses. Records from primary treating physician, physical therapists and pain specialist reviewed. Last report available until 12/19/13. Pt complains of neck, lower back, bilateral knee and shoulder pain. Having difficulty reaching back with R upper arm and bending over to tie shoes. Pain is 7-8/10. Objective exam reveals normal ambulation. L knee shows erythema, effusion, abrasion and joint line tenderness. R shoulder exam reveals very limited range of motion due to pain with diffuse tenderness. MRI of R shoulder (8/20/12) shows adhesive capsulitis, posterior humeral neck spur, moderate cuff tendinopathy and inflammatory changes. MRI of L shoulder (11/10/10) reveals tendinopathy of supraspinatous tendon, sub deltoid bursitis. MRI of L knee (11/19/11) reveals peroneal neuritis, post traumatic changes in fibular collateral ligament, lateral meniscal tear, chondral flap lesion of medial femoral condyle and patella. Patellar reactive changes. MRI of lumbar spine (3/26/11) reveals compression fracture of L1 vertebral body (mild-moderate), multilevel degenerative changes with mild-moderate bilateral neural foramina narrowing mostly of L4-5 level. EMG of bilateral upper and lower extremity EMG (4/19/11) reveals abnormal study with evidence of mild bilateral median neuropathy at wrist, L ulnar mononeuropathy of elbow and L peroneal mononeuropathy of ankle. Pt is currently on ambien, ketamine cream, capsaicin cream, Cyclobenzaprine, hydrocodone/APAP and gabapentin. Pt has reported R shoulder surgery twice, 3 L wrist surgeries, L knee surgery and history of epidural steroid injections. Reported other conservative treatments with little improvement. Utilization review is for 12 physical therapy sessions (2x6). Review of records is a bit confusing concerning which limb is to get physical

therapy. Pt has primary complaint of both R shoulder and L knee pain. Records show that patient received PT of shoulder although his knee seems to be bothering him more. Prior utilization review on 10/30/13 recommended modification to 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions (2 x 6): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Additionally, (ODG) Official Disability Guidelines, Physical Medical Guidelines.

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

Decision rationale: Physical Therapy (PT) has adhesive capsulitis of shoulder and chronic problem of knee including neuritis and meniscal tear. As per MTUS chronic pain guidelines concerning physical therapy, PT is recommended and can improve pain and function. Recommends fading treatment frequency (from 3 sessions per week down to 1 per week) transiting to home guided exercise. Guidelines recommend initial sessions of 8-10 with additional may be considered if there is functional improvement. Only diagnosis that recommend more initial sessions is reflex sympathetic dystrophy/regional pain syndrome. Since MTUS recommends 8-10 sessions, request for 12 sessions is excessive and not medically indicated