

Case Number:	CM13-0072544		
Date Assigned:	01/08/2014	Date of Injury:	05/07/2010
Decision Date:	05/07/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/31/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 expert 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:

This is a 47-year-old gentleman injured in a work-related accident on 5/7/10 sustaining injuries to both his left shoulder and his left knee. Recent clinical assessment from [REDACTED] dated 1/7/14 indicates that the claimant is status post a 4/19/12 left knee arthroscopy with partial medial and lateral meniscectomy, lateral retinacular release, and open posterolateral corner popliteus tendon repair. Subjectively, the claimant is with continued complaints of pain about the low back, left knee, and left shoulder. The shoulder was noted to be with increased range of motion. It stated that the claimant has completed additional physical therapy and notes "good improvement in pain and mobility." His knee revealed improvement with recent course of physical therapy describing improvement with "less swelling." Physical examination findings at that date showed no obvious swelling to the shoulder with positive scapular winging and tenderness to palpation over the bicipital tendon. There was positive impingement and O'Brien's testing with range of motion to active abduction of 100 degrees and forward flexion to 165 degrees. The knee examination was with a +1 effusion, positive synovitis and atrophy, and tenderness over the medial joint line. There was 0-125 degrees range of motion. Recommendations at that time were for continuation of physical therapy for eight additional sessions to both the left shoulder and the knee for further treatment in the claimant's post-injury course of care. .

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 left knee: Upheld

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

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

Decision rationale: MTUS Chronic Pain Guidelines would not support the continued role of physical therapy for the knee. In the chronic setting, MTUS Chronic Pain Guidelines would support the role of acute physical therapy for symptomatic flare and acute purposes. The records indicate that the claimant has attended a significant recent course of physical therapy. Given the amount of therapy recently rendered and the claimant's improvement, it would be unclear as to why transition to an aggressive home exercise program would not occur. The continued role of physical therapy for the claimant's left knee two years following the time of surgical process would not be indicated.

Physical therapy 2x4 left shoulder: Upheld

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

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

Decision rationale: MTUS Chronic Pain Guidelines would also not support the role of continued physical therapy for the left shoulder. The clinical records indicate that the claimant recently underwent a significant course of physical therapy to the left shoulder which, at the last assessment of January 2014, was doing significantly better with no apparent pain complaints. His function was adequate. It is unclear as to why continuation with a home exercise program would not be more appropriate at this stage in the claimant's chronic course of care.