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| <b>Case Number:</b>   | CM14-0005577 |                              |            |
| <b>Date Assigned:</b> | 01/22/2014   | <b>Date of Injury:</b>       | 10/20/2011 |
| <b>Decision Date:</b> | 03/25/2014   | <b>UR Denial Date:</b>       | 12/27/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/15/2014 |

### 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 and Rehabilitation, 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:

The patient is a 53 year old male who was injured on 10/20/11; when stepping up with his left foot, he bumped it on a rebar. He lost his balance and twisted his right knee and left arm/shoulder in the process. Treatment history has included physical therapy to the left shoulder and right knee. On 6/6/12, he underwent right knee arthroscopic partial medial meniscectomy and debridement of the medial femoral condyle. By 11/17/13, the patient had completed 14 postoperative therapy visits for the right knee and made excellent progress overall with range of motion. Diagnostic studies reviewed include an MRI dated 3/12/13, which showed postsurgical changes of the medial meniscus with suspected tear in the middle third, and irregular cortical thickening at the medial gastrocnemius insertion site suggesting prior trauma. On 6/10/13, multiple x-ray studies were performed. The left shoulder x-ray revealed a 3mm interspace of the acromioclavicular joint and 4mm interspace of the glenohumeral joint. The right knee x-ray showed 4mm medial joint space and 6mm lateral joint space. The left shoulder MRI dated 7/15/13 showed partial tear of the insertion of the supraspinatus tendon. On 7/31/13, right knee arthroscopic partial medial meniscectomy, chondroplasty of trochlea and medial femoral condyle, and synovectomy was performed. Clinic notes documented the patient to have complaints of ongoing pain in the left shoulder with numbness, and on and off right knee pain that was aggravated by cold weather, kneeling, and climbing stairs. On examination, the left shoulder had tenderness over the anterior and lateral aspects, and positive Neer's and Hawkins' tests. The right knee had tenderness over the medial and medial patellofemoral joint lines, arthroscopic portals, and joint effusion. The patient was diagnosed with left shoulder sprain/strain with myofasciitis, left shoulder partial tear of the supraspinatus tendon insertion, status post right knee arthroscopy for partial meniscectomy and chondroplasty in June 2012, and recurrent tear of the medial meniscus of the right knee.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for physical therapy twice a week for four weeks for the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

**Decision rationale:** This patient is status post two right knee arthroscopic surgeries with partial medial meniscectomy and chondroplasty. There is documentation that the patient had already completed 14 postoperative therapy sessions by 11/17/13 with good overall progress with range of motion. However, the Postsurgical Treatment Guidelines only recommend 12 visits of postsurgical treatment. The request for eight additional sessions of physical therapy exceeds the guidelines recommendation. As such, the request is noncertified.

**The request for physical therapy twice a week for six weeks for the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines.

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

**Decision rationale:** This patient has been previously treated with physical therapy for the left shoulder, but there is no documentation regarding the number of therapy visits completed to date. A note dated 10/16/13 indicates there is persistent tenderness, painful range of motion, and positive Neer's Test, but there is no documentation that prior therapy resulted in any significant functional improvement. Additionally, it is unclear if this patient was performing a home exercise program, as guidelines indicate that the patient needs to be instructed to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. As such, the request is noncertified.