

<b>Case Number:</b>	CM14-0007270		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	09/13/2012
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine, 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 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:

The injured worker is a 49-year-old male who reported an injury on 9/3/12. The mechanism of injury involved a fall. Current diagnoses include bilateral shoulder non-displaced SLAP tears, bilateral knee MCL strains, and status post fall on 09/13/12. The injured worker was evaluated on 1/6/14 with complaints of bilateral knee pain. Physical examination revealed no acute distress, mild genu varum, medial and lateral joint line tenderness bilaterally, 0 to 135 degree range of motion of bilateral knees, trace patellofemoral crepitus, 1+ laxity, and limited shoulder range of motion. Treatment recommendations at that time included physical therapy twice per week for six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSIATRIST CONSULTATION AND TREATMENT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The California MTUS/ACOEM guidelines state that referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular

cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the injured worker does report persistent knee and shoulder pain. The injured worker does maintain diagnoses of bilateral shoulder non-displaced SLAP tear and bilateral knee MCL strain. However, the current request for a consultation and treatment cannot be determined as medically appropriate. Any treatment following an initial physiatrist consultation would require a separate review. As such, the request is not medically necessary.

**PHYSICAL THERAPY 2 X 6 WEEKS:** 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 Page(s): 98-99.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state 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. It can also alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. Treatment for unspecified myalgia and myositis is 9-10 physical therapy visits over 8 weeks. There is no specific body part listed in the current request. The current request for physical therapy twice per week for six weeks also exceeds guideline recommendations. As such, the request is not medically necessary.