

Case Number:	CM14-0111380		
Date Assigned:	09/19/2014	Date of Injury:	01/23/2014
Decision Date:	10/17/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/16/2014

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 Orthopedic Surgery, and is licensed to practice in Minnesota. 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 46 year old female, deli worker, with an injury date of July 6, 2011 and cumulative trauma injury of January 23, 2014. There is widespread pain in the shoulders, arms, wrists, lower back, knees, numbness and tingling in the arms, depression, stress, anxiety, and difficulty sleeping. She underwent surgery on the right shoulder consisting of a SLAP repair on 05/18/2012. Right knee surgery was performed on 02/15/2012. She also underwent radiofrequency facet rhizotomies on both sides in the lower back. On 06/13/2014 she was complaining of 8/10 pain in the left knee with popping, swelling, giving out, and increased pain with walking and stairs. Xrays of the knee revealed tricompartmental osteoarthritis, particularly on the medial side with narrowed joint space. She was also complaining of left shoulder pain, decreased range of motion, and pain with elevation. The disputed treatment is a request for Physical Therapy for the left knee and left shoulder. The initial request was 2 times a week for 6 weeks and 6 visits were approved and 6 denied conditional upon documented functional improvement with the initial course.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Left Shoulder & Left Knee 2 Times a Week for 6 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints Page(s): 337,338; 203, 204,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98,99.

Decision rationale: Physical Therapy for knee complaints should include instruction in application of heat or cold and a home exercise program. When performed at home this is equally effective. A few visits to a Physical Therapist can serve to educate the patient. For the shoulder, instruction in home exercise is also important using proper techniques. Physical modalities are not supported by medical studies. Manipulation for frozen shoulder if discovered during the course of treatment, is also limited to a few weeks. For chronic pain the guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self directed home Physical Medicine. Additional treatment may be indicated if functional improvement is documented. Based upon the guidelines half of the requested 2 x 6 visits should be adequate. Therefore the additional Physical Therapy as requested is not medically necessary.