MAXIMUS Federal Services

Case Number:	CM14-0133921		
Date Assigned:	08/25/2014	Date of Injury:	09/06/2006
Decision Date:	09/24/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/18/2014

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 & Rehabilitation, has a subspecialty in Pain Management 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 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 an injured worker with a date of injury of September 6, 2006. A utilization review determination dated August 11, 2014 recommends non-certification for 8 physical therapy sessions for the right shoulder and right knee. A progress note dated March 11, 2014, indicates that aquatic therapy has been very helpful. The treatment plan recommends ongoing aquatic therapy. A note dated April 1, 2014, indicates that the patient's aquatic program has been beneficial due to residual low-grade knee issues and the ability to do deloaded exercises in the pool setting. A progress note dated August 5, 2014, identifies subjective complaints of constant pain in both knees aggravated with walking, prolonged sitting, and going up/down stairs. The left knee pain has worsened. His right shoulder pain is intermittent. The pain interferes with his sleep. Objective examination findings reveal slightly reduced range of motion in the right knee, decreased strength in the right shoulder and tenderness to palpation in the right shoulder, and right knee. Diagnoses include rotator cuff syndrome, osteoarthritis, and status post internal fixation device. The treatment plan indicates that the patient has likely sustained a partial tear of his supraspinatus tendon as well as aggravating his arthritic knees. An x-ray is requested for further evaluation. There is concern that there may be loosening of hardware or a stress fracture. Additionally, physical therapy is requested for the right shoulder and knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy time eight (8) sessions right should, right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy, Knee & Leg Chapter, Physical Therapy.

Decision rationale: Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Official Disability Guidelines (ODG) has more specific criteria for the ongoing use of physical therapy and recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it is unclear how many therapy sessions the patient has previously undergone. Additionally, it appears that x-rays are being pursued to evaluate the patient's knee pain. There is a concern that there may be hardware loosening or a fracture. There is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for additional physical therapy is not medically necessary.