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| Case Number: | CM14-0169761 | | |
| Date Assigned: | 10/20/2014 | Date of Injury: | 01/26/2013 |
| Decision Date: | 11/20/2014 | UR Denial Date: | 09/29/2014 |
| Priority: | Standard | Application Received: | 10/14/2014 |

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 Interventional Spine 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:

The patient is a 47 year old male with an injury date of 01/26/13. The 09/08/14 report by [REDACTED] states that the patient presents with the left knee giving way and locking, neck pain and right shoulder clicking, locking and pain since surgery. The patient is stated to be temporarily totally disabled as of 06/09/14. Examination of the right shoulder shows mild to moderate tenderness to palpation over the deltoid with spasm. Examination of the left knee reveals mild to moderate tenderness to palpation over the medial and lateral joint line. McMurray's internal rotation test is positive. The patient's diagnoses include: Internal derangement left knee Right shoulder internal derangement Left knee full thickness cartilage defect The utilization review being challenged is dated 09/29/14. Reports were provided from 06/09/14 to 09/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 8 weeks Left knee Right Shoulder.: Upheld

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

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

Decision rationale: The patient presents with left knee giving way and locking, neck pain and right shoulder clicking and locking. The treating physician requests for Physical therapy 2 times a week for 8 weeks left knee, right shoulder. The Request for authorization is dated 06/09/14. Right shoulder arthroscopy in October 2013 is mentioned in the 06/09/14 report. The patient is not within the post-surgical treatment period. MTUS states, pages 98, 99 that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. The 09/08/14 report by [REDACTED] states that the patient had physical therapy; however, the number of sessions, dates and whether therapy helped is not discussed. No physical therapy treatment reports are provided and the treating physician does not discuss this request. The reports do state that Physical therapy was started for the patient in February 2013. In this case, there is no indication the patient has received recent physical therapy; however, the 16 sessions requested exceed what is allowed per MTUS. This request is not medically necessary.