

<b>Case Number:</b>	CM14-0174183		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	10/26/2011
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Orthopedic Surgery 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 56-year-old female sustained an industrial injury on 10/26/11. Injury occurred relative to a slip and fall. The patient underwent left knee arthroscopy with lateral release, patelloplasty, partial medial meniscectomy, partial synovectomy, and arthrotomy with medial capsular reconstruction on 2/25/14 and completed 24 sessions of post-op physical therapy. The 3/12/14 initial physical therapy report documented grade 8/10 pain with left knee range of motion -5 to 120 degrees, and 4/5 iliopsoas, 3+/5 quadriceps, and 4-5/ hamstring strength. The 8/19/14 physical therapy re-exam report documented grade 4-5/10 pain with left knee range of motion -5 to 120 degrees, and 4-5 iliopsoas, 3+/5 quadriceps, and 4-5/ hamstring strength. The 3/12/14 initial treatment goals were 10-20% met as of 8/19/14. The 8/19/14 treatment plan was for 12 additional visits. The 9/24/14 treating physician report cited follow-up for the left knee and shoulder. The patient was doing a little better with some remaining pain. Severe pain was reported at times to the left shoulder with numbness and tingling down the arm and hand. Pain was reported grade 3. Physical therapy had helped, and the patient was encouraged by the results which seemed very slow. She had a few more sessions of physical therapy. Left knee and left tibia x-rays showed no increase in osteoarthritis. Left shoulder and humerus x-rays showed no increase in osteoarthritis. The diagnosis included adhesive capsulitis, knee joint derangement, and shoulder arthralgia. The treatment plan recommended 12 additional sessions of physical therapy to the left knee and shoulder to improve soft tissue mobility, decrease pain and education on home exercise program. A corticosteroid injection for the left shoulder was requested. Medications were dispensed including hydrocodone/APAP, orphenadrine, diclofenac, and pantoprazole. The 10/13/14 utilization review modified the request for 12 sessions of physical therapy to the left knee and left shoulder to 2 sessions post injection for the left shoulder. The left knee physical therapy was not supported as there were no abnormal clinical exam findings

documented, and no quantified functional improvement with recent physical therapy. The request for left shoulder physical therapy was modified to post-injection therapy as there were no abnormal clinical exam findings documented, and no quantified functional improvement with recent physical therapy to support additional care.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Associated Surgical Service: Physical therapy left knee and left shoulder 3 x 4 total 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Physical Therapy

**Decision rationale:** Relative to the left knee, California MTUS Post-Surgical Treatment Guidelines do not apply to this case as the 6-month post-surgical treatment period had expired. The MTUS Chronic Pain Medical Treatment Guidelines would apply. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. The guideline criteria have not been met. Records documented that the patient had completed 24 post-op physical therapy visits. There is no evidence of significant functional improvement with physical therapy documented. The original physical therapy treatment goals on 3/12/14 had only been 10-20% met as of 8/19/14. There was some pain reduction noted with therapy, but no improvement in range of motion or strength. There is no current documentation of a functional deficit or functional treatment goal to support the medical necessity of additional supervised physical therapy over an independent home exercise program. Relative to left shoulder, the California MTUS guidelines generally support initial and follow-up visits of physical therapy for education, counseling, and evaluation of home exercise. All therapies are recommended focused on the goal of functional restoration rather than merely the elimination of pain. The Official Disability Guidelines specifically recommended 1 to 2 visits of physical therapy following shoulder injection. The 10/13/14 utilization review partially certified this request for 1 to 2 visits of physical therapy to the left shoulder for post injection therapy. There are no clinical exam findings documented to evidence a specific functional loss or treatment goal relative to the shoulder. There is no compelling reason to support the medical necessity of additional therapy beyond care already partially certified consistent with guidelines. Therefore, this request is not medically necessary.