

Case Number:	CM14-0024881		
Date Assigned:	06/11/2014	Date of Injury:	12/23/2005
Decision Date:	08/01/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/27/2014

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, 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 injured worker is a 54-year-old male who reported an injury after he fell on 12/23/05. The clinical note dated 3/25/14 indicated diagnoses of knee strain, abnormality of gait, impingement shoulder, frozen shoulder, rotator cuff syndrome, bursitis, and myofascial pain/ myositis. On physical examination of the shoulder, the injured worker's range of motion revealed forward flexion to the left of 154, flexion to the right of 180, abduction on the left of 80, abduction on right of 150, range of motion of the lumbar spine revealed forward flexion of 50, extension of 0, lateral bending to the left of 10, lateral bending to the right of 10, hip forward flexion on the left was 100 degrees, forward flexion of the right was 130 degrees, extension to the left 10 degrees, extension to the right was 20 degrees, abduction to the left was 20 degrees, abduction to the right was 40 degrees, internal rotation to the left was 30 degrees, and internal rotation to the right was 40 degrees. The injured worker's left elbow flexion was 4+, left elbow extension was 4+, left knee extension was 3, right knee extension was 4, and left knee flexion was 3. The injured worker's left ankle dorsiflexion was 3, right ankle dorsiflexion was 3, left ankle plantarflexion was 3, and right ankle plantarflexion was 4. The injured worker's prior treatments included diagnostic imaging, physical therapy, and medication management. The injured worker's medication regimen included Cialis, Zantac, Opana, Soma, and oxycodone HCl.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left shoulder and left knee: Upheld

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

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

Decision rationale: The California MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines note that injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is lack of documentation indicating the injured worker's prior course of physical therapy as well as efficacy of the prior therapy. In addition, the amount of physical therapy sessions that have already been completed for the left shoulder and left knee was not provided to support additional sessions. In addition, the request did not indicate a time frame for the physical therapy to the left shoulder and left knee. Therefore, the request is not medically necessary.