

<b>Case Number:</b>	CM14-0032614		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/30/2002
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Pain Medicine, 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 65-year-old male with a May 30, 2002 date of injury, from a slip and fall. The patient injured his left knee. A QME from March 6, 2011 stated that the patient has utilized a crutch/cane on the left side for many years, which caused the left shoulder to become irritated and painful. The patient reinjured his left upper extremity on July 1, 2010, from a slip and fall. Per QME, the patient had not yet reached MMI, and orthopedic consultation was warranted. There is no discussion regarding the left knee. Diagnoses include status post left reverse shoulder replacement and left total knee replacement. The patient underwent total knee replacement in 2005, followed by two revisions. The last surgery was in 2008. It is not entirely clear how many sessions of physical therapy has been completed since the last knee surgery. Progress note dated January 6, 2014 described ongoing symptomatology in the shoulder and requested pain management and physical therapy for the left shoulder and left knee. Left knee physical therapy was requested for strengthening and conditioning, and to provide the patient with a full functional recovery. June 5, 2014 QME reevaluation stated that the patient is to return to work in late April or early May. It was noted there was instability and pain at the left knee that is constant; the knee joint tends to give way and the patient is fallen several times, most notably in 2010. Future medical treatment recommend was psychological treatment, medication management and a multidisciplinary pain management program. A June 10, 2014 progress note described some weakness of the left shoulder and difficulty with pushing/pulling, however symptoms have been relatively stable. No discussion of the left knee was documented.

### 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 knee, twice weekly for six weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines CA MTUS 2009 9792.24.2..

**Decision rationale:** The patient has a long and difficult surgical history for both the shoulder and left knee. He underwent total knee replacement with 2 revisions. The last surgery was performed in 2010. A progress note dated January 6, 2014 requested additional physical therapy for the left knee in order to strengthen and condition the knee. However, the number of postoperative physical therapy sessions, and recent conservative treatment specifically for the knee has not been well discussed. It appears that the patient is mostly symptomatic in the shoulder. Multiple QME reports were reviewed, however there is no specific recommendation for additional treatment for this knee, except for pain management. The Stress Related Conditions Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines requires documentation of extent of rendered treatment, and functional improvement from completed physical therapy sessions. The Stress Related Conditions Chapter of the ACOEM Practice Guidelines stresses the importance of a time-limited treatment plan, however there is no description of the functional goals, range of motion measurements, and a comprehensive physical examination, specifically of the knee, describing functional deficits that should be addressed in additional physical therapy. The request for physical therapy for the left knee, twice weekly for six weeks, is not medically necessary or appropriate.