

Case Number:	CM14-0033263		
Date Assigned:	06/20/2014	Date of Injury:	10/11/2000
Decision Date:	07/22/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/17/2014

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 patient is a 59 year old female who was injured on 10/11/2000. The mechanism of injury is unknown. The patient underwent right knee replacement on 07/01/2013; right shoulder surgery, arthroscopy of the left knee and elbow surgery (date unknown). Follow up report dated 12/23/2013 reports the patient complained of left knee pain with stiffness. She described it as moderate in nature. She also has left shoulder pain which she states is worsening and rated it as a 6/10. Objective findings on exam revealed mild tenderness over the anteriolateral border of the acromion on the left. She has normal sensation on the left. Range of motion for the left shoulder exhibits internal rotation at 50 degrees; external rotation at 60 degrees; extension (AROM) at 55 degrees; and flexion (AROM) at 130 degrees; Hawkins-Kennedy impingement test is positive on the left and impingement test is positive on the left. The left knee revealed +3 tenderness with normal sensation bilaterally. Assessment is total knee replacement and impingement of the left shoulder. The plans are 6 sessions of physical therapy to the left shoulder, analgesics prn pain, UA, TTD, and continue home exercise program. Prior utilization review dated 03/05/2013 states the request for 6 additional sessions for the left knee is not authorized as the guidelines allow up to 24 sessions and the patient has had 30 sessions. Clinical findings revealed she had full left knee range of motion and there was no indication as to why she could not continue home exercise program. Six sessions of physical therapy to the left shoulder was not certified as she has had extensive PT care along with chiropractic care with no documented functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x week for 3 weeks for the Left Knee and Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Post Op Knee Arthroplasty Protocol, Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

Decision rationale: As per CA MTUS guidelines, physical medicine 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. In this case, the provider had 30 sessions of physical therapy for the knee post-op, which exceed the guideline recommendations. There is no documentation of objective functional improvement or improved pain level from the prior shoulder physical therapy treatment. Guidelines also indicate that patients should be instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Thus, the medical necessity has not been established.