

Case Number:	CM14-0040230		
Date Assigned:	06/27/2014	Date of Injury:	07/06/2013
Decision Date:	08/19/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/07/2014

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 Occupational 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:

This is a 39 year old female with a 7/6/13 date of injury after she tried to loft a chair which got caught on a rug and fell forward injuring her left shoulder, right knee, and low back. She started physical therapy (PT) for the lumbar spine and her right knee on 7/19/13. She was able to flex to the mid thighs, had 10 degrees of extension, lateral flexion reaching the proximal fibular head, and 3/5 strength in the lower extremities bilaterally. The patient was seen on 9/12/13 where it was noted that she had 4 sessions of PT, which had to be stopped until she received an MRI study. A lumbar MRI on 8/7/13 revealed L4/5 right foraminal encroachment and compromise of the right exiting nerve root. On 2/5/14 the patient had a right knee arthroscopic partial medial meniscectomy. She was seen on 2/20/14 where it was noted her right knee pain was improving but her left shoulder and low back pain persisted. Exam findings revealed lumbar facet tenderness with positive facet loading maneuvers, and pain of the left shoulder against mild resistance as well as tenders and pain on anterior rotation. She was again seen on 3/31/14 for left shoulder and low back pain as well as right knee pain and it was noted that the patient may have a medial meniscal tear of the right knee from a recent MRI and arthroscopy of the knee was recommended. The patient's diagnosis is left shoulder pain, low back pain, and pelvic pain. The treatment to date included home exercise program, 26 sessions of PT (from 7/19/13 to 12/17/13), lumbar epidural steroid injection, trigger point injections, steroid injection to the left shoulder, medications, rest.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Sessions of Physical Therapy for the Low back and Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Chapter and Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation General Approaches: ACOEM 2004 Pain, Suffering, and the Restoration of Function Chapter 6 (page 114).

Decision rationale: The CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. This patient apparently had 26 sessions of physical therapy from 7/19/13 to 12/17/13, however there is a lack of documentation with regard to the physical therapy notes. It is unclear what exactly was done and whether the patient benefited or not. The patient also had right knee surgery in February 2014 and a follow up note stated she might need surgery again. Hence, how the patient would schedule physical therapy to her low back and left shoulder after a knee surgery is unclear. In addition, 18 sessions of ongoing physical therapy for this patient's low back and left shoulder may be excessive as there is no diagnosis for her left shoulder. Therefore, the request for 18 sessions of physical therapy for the low back and left shoulder was not medically necessary.