

Case Number:	CM14-0058580		
Date Assigned:	07/09/2014	Date of Injury:	04/20/2012
Decision Date:	08/08/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/29/2014

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 & 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 71-year-old female with a reported injury date on 04/20/2012. The mechanism of injury was a slip and fall. Her diagnoses include shoulder impingement and internal derangement of the knee. The clinical note dated 03/11/2014 noted the injured worker had received an injection to the right shoulder, which helped improved symptoms. It was also noted the injured worker was in physical therapy. On physical examination of the shoulders, it was noted there was no swelling or warmth and there appeared to be no deformities or asymmetry to the shoulders. In addition, it was noted there were no signs of external trauma, ecchymosis, lacerations, abrasions or hematoma. It was also noted that there no tenderness to over the joint, muscles or bony and tendinous structures and range of motion was restricted bilaterally, particularly in flexion and abduction. The impingement sign was positive bilaterally. On physical examination of the right knee, it was noted there was major joint deformity in the right knee with positive effusion. In addition, it was noted the joint line was extremely painful and range of motion was restricted in both flexion and extension. McMurray's, anterior drawer, posterior drawer tests were all negative bilaterally. Under the treatment plan, it was noted the injured worker was to continue physical therapy and follow-up in 4 weeks. The request for authorization form was not provided within the available documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the 3x4 right knee and bilateral shoulders.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Pain, suffering , and the Restoration of Function chapter (page 114),Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: The California MTUS Guidelines may recommend the use of physical medicine to help control swelling, pain and inflammation during the rehabilitation process for up to 10 visits over 8 weeks. The guidelines also state the use of active modalities over passive modalities is associated with better clinical outcomes. In addition, the guidelines state that patients are instructed and expected to continued active therapies at home as extension of treatment process in order to maintain improvement levels. This request remains unclear, as there is a lack of documentation showing how many actual sessions of physical therapy the patient has already received and there is lack of documentation showing that the patient had received a positive therapeutic response from the prior physical therapy. Additionally, there is lack of evidence that the patient has been participating in home exercise program in conjunction with physical therapy. Furthermore, there is lack of documentation showing what modalities are associated with this request. Therefore, the request for physical therapy for the 3x4 right knee and bilateral shoulders is not medically necessary and appropriate.