

Case Number:	CM14-0060872		
Date Assigned:	07/09/2014	Date of Injury:	02/23/2011
Decision Date:	10/01/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/01/2014

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 Neuromuscular Medicine, and is licensed to practice in Maryland. 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 51-year-old male with a work injury dated 2/23/11. The diagnoses include sprains and strains of the lumbar region; internal derangement of the knee; rotator cuff sprains and strains; chondromalacia; pain in the limb; tendinitis; sprain/strain of the neck; status post left shoulder arthroscopy and status post decompression on 3/7/14. Under consideration is a request for Physical Therapy 3 x 6 to the Left Shoulder and Left Knee. There is a primary treating physician report dated 12/18/13 that states the patient is status post left knee arthroscopy and partial meniscectomy and chondroplasty on November 8, 2013. He indicates that the pain is slowly improving; however, he does continue to be symptomatic and is describing residual pain with weakness over the left knee. He continues to ambulate with a cane due to the pain and weakness in the left knee. He has difficulty with his daily activities and with prolonged periods of sitting, standing, walking, and stair climbing, as well as lifting, pushing, pulling, squatting, kneeling, and stooping. There is still some loss of motor strength over the left knee noted to be grade 4/5. Medial and lateral joint line tenderness is noted with patellar crepitus. Per documentation, previously, authorization was requested and given for 12 sessions of physical therapy for the left knee. The patient is recovering from the surgery and continues to be symptomatic. In regards to the left shoulder, the patient describes pain with weakness. He has difficulty with his daily activities along with difficulty with lifting, pushing, pulling, and overhead and over-the-shoulder activities. Loss of motor strength over the left deltoid is noted to be grade 4/5. Impingement, Hawkins, and Yergason's tests are noted to be positive over the left side as well. The patient has been unresponsive to conservative treatment and declined subacromial injection. He has been unresponsive to oral pain medication and his left shoulder pain is increasing in severity. There is a reduction in his functional capacity as a result of his

left-sided shoulder pain with weakness. He has difficulty with bathing, dressing, undressing, combing his hair, maintaining bowel and bladder management, and self-hygiene. There is a 4/4/14 physical therapy document stating that the patient has had 6 visits of therapy for the left knee. There is a 3/20/14 document that states that the provider is requesting 18 sessions of postoperative physical therapy to the left shoulder and 18 sessions to the left knee, and they can be performed concurrently as the patient has had surgery to both extremities. A 5/21/14 document indicated that 18 sessions of post-op physical therapy for the left shoulder were approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 6 to the Left Shoulder and Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: Physical Therapy 3 x 6 to the Left Shoulder and Left Knee is not medically necessary per the MTUS Guidelines. The documentation indicates that the patient was already authorized for 18 physical therapy (PT) visits for the shoulder by a utilization review dated May 2014. The documentation indicates that the patient was authorized 12 PT visits for left knee but only the notes from the first 6 visits were included in the documentation submitted for review. It is not clear what the final outcome was after 12 visits. An additional 18 visits of PT would exceed the recommended number of visits per the MTUS Post surgical guidelines. The request for 18 visits for the knee is not medically necessary as it is unclear what the outcome was after the prior 12 therapy visits. Furthermore, the guidelines recommend up to 12 visits for this surgery. The guidelines also encourage independence and transition towards a self-directed home exercise program. Without clear indication of the outcome of the prior 12 PT visits or extenuating circumstances requiring additional supervised therapy, the request for more physical therapy cannot be certified. Therefore, the request for Physical Therapy 3 x 6 to the Left Shoulder and Left Knee is not medically necessary.