

<b>Case Number:</b>	CM14-0063699		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/14/2012
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 Interventional Spine 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 51-year-old female with date of injury of 11/14/2012. The listed diagnoses per [REDACTED] from 02/07/2014 are: 1. Cervical discopathy. 2. Lumbar discopathy. 3. Carpal tunnel/double-crush syndrome. According to this report, the patient complains of persistent pain in the neck pain. The patient is still attending a course of postoperative physical therapy for her shoulder and knee with [REDACTED]. The symptomatology in the patient's left shoulder, bilateral upper extremities and left knee is essentially unchanged. There is some pain and tenderness; however, no sign of instability. Tenderness around the shoulder blade and girdle is also appreciated. There is some overlapping symptomatology in the upper extremities consistent with double crush as the patient does have a positive palmar compression test subsequent to a Phalen's maneuver with reproducible symptomatology in the median nerve distribution. The lumbar spine reveals tenderness from the mid to distal lumbar segments. There is pain with terminal motion in the lumbar spine. Seated nerve root test is positive. There is dysesthesia at L5 and S1 dermatomes. The utilization review denied the request on 04/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy two times per week for six weeks on the left knee and left shoulder:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Physical Therapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post-Surgical Page(s): 26 27.

**Decision rationale:** This patient presents with neck, low back, left shoulder, upper extremity and left knee pain. The patient is status post left shoulder debridement from 12/06/2013. The provider is requesting 12 physical therapy visits for the left knee and left shoulder. The MTUS Post-Surgical Guidelines page 26 and 27 on debridement of the shoulder recommends 24 visits over 14 weeks with a postsurgical treatment period of 6 months. The records show physical therapy reports from 01/06/2014 to 05/14/2014 for a total of 39 visits. The physical therapy SOAP note from 02/04/2014 shows the patient reports that the shoulder is feeling better, but still having soreness. The 03/14/2014 physical therapy SOAP note shows that the patient reports slight soreness on the shoulder. The 04/23/2014 physical therapy SOAP note shows that the patient reports that her neck is still a little stiff, but her back is always bothering her. The 05/07/2014 physical therapy SOAP note show that the patient reports shoulder is very achy today and stiff. The PR2 report from 02/07/2014 shows that the left shoulder is essentially unchanged. There is some pain and tenderness; however, no sign of instability. Tenderness around the shoulder blade and girdle is also appreciated. The left knee is essentially unchanged with some pain and tenderness without any signs of instability. The PR2 from 05/05/2014 show the left shoulder has a well-healed arthroscopic portal. Range of motion is full; forward flexion and abduction to 170 degrees and internal rotation is to T12. Manual muscle testing is 4/5. The left knee shows a positive patellofemoral crepitation. Range of motion is 0 to 130 degrees and manual muscle testing is 4/5. In this case, the patient has received some 39 physical therapy visits for the left knee and left shoulder in 2014. The provider does not discuss why additional therapy is needed. In this case, the requested 12 sessions when combined with the previous 39 sessions that the patient has received would exceed MTUS Guidelines. The patient should be able to now transition into a self-directed home exercise program to improve strength and range of motion. Therefore, Physical Therapy two times per week for six weeks on the left knee and left shoulder is not medically necessary and appropriate.