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| <b>Case Number:</b>   | CM14-0086291 |                              |            |
| <b>Date Assigned:</b> | 07/23/2014   | <b>Date of Injury:</b>       | 09/10/2013 |
| <b>Decision Date:</b> | 09/29/2014   | <b>UR Denial Date:</b>       | 05/12/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/09/2014 |

### 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 Nevada. 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 records presented for review indicate that this 48 year-old individual was reportedly injured on 9/10/2013. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated 4/16/2014, indicates that there are ongoing complaints of right shoulder and right knee pain. The physical examination demonstrated right shoulder: positive tenderness to palpation at the greater tuberosity. Decreased forward flexion and abduction compared contralateral side. Positive Neers and Hawkins Sign. Sensory exam unremarkable. Decreased muscle strength noted to infraspinatus and supraspinatus. Reflexes 2+ equal bilaterally. Right knee: range of motion 0-120. Positive tenderness to palpation over the patellofemoral joint line and medial joint line. Diagnostic imaging studies mentioned an MRI of the right shoulder which reveals full-thickness rotator cuff tear of the anterior supraspinatus. Previous treatment includes right knee arthroscopy, physical therapy #18, medications, and conservative treatment. A request had been made for physical therapy #12 right knee and was not certified in the pre-authorization process on 5/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical therapy twice weekly for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Postsurgical Treatment Guidelines recommend 12 visits over 12 weeks after a meniscectomy. After review of the medical records provided the injured worker has already attended 18 physical therapy sessions. There is no documentation justifying the need for an additional 12 visits of physical therapy and exceeds the recommended guidelines. Therefore, the request for additional physical therapy twice a week for six weeks is not medically necessary and appropriate.