

Case Number:	CM14-0184227		
Date Assigned:	11/12/2014	Date of Injury:	05/02/2014
Decision Date:	01/02/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/05/2014

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 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 case involves a 51 year old male who sustained a continuous trauma injury on May 2, 2014. On June 2, 2014, the primary treating physician noted moderate bilateral shoulder pain with radiation to the elbows, numbness and tingling of bilateral wrists, hand, and fingers, and left knee pain. The physical exam revealed left paraspinal and trapezius muscle tenderness to palpation; mild decreased cervical range of motion and bilateral shoulders range of motion, worse on the left; slight decreased medial distribution sensation of bilateral hands; and bilateral upper extremities reflexes were normal. The knees exam revealed a left knee palpable effusion, medial joint line tenderness and pain on palpation, normal reflexes, mildly decreased range of motion, and normal strength. Diagnoses included bilateral carpal tunnel syndrome, internal derangement of the left knee, resolved right plantar fasciitis, left rotator cuff tendinosis, and status post right shoulder surgery. The treatment plan included requesting magnetic resonance imaging (MRI) of the left knee and left shoulder, and injections to the left knee and left shoulder. Work status was temporarily totally disabled. The results of the MRIs of the left shoulder and knee done on June 19, 2014 are not in the provided documentation, but the Utilization Review noted their results. The left shoulder MRI revealed fluid in the subscapularis bursa, hypertrophic arthrosis of the acromioclavicular joint with edema, impingement of the supraspinatous tendon, and supraspinatous tendon tear. The left knee MRI revealed joint fluid, meniscal tears, and chondromalacia of the patella. On September 8, 2014, the primary treating physician noted the injured worker had completed two sessions of physical therapy, and more sessions were recommended. The physical exam revealed a mildly decreased left knee range of motion and tenderness of the medial and lateral left knee joint lines. On October 6, 2014, the injured worker complained of moderate left knee pain, left shoulder pain that radiated down the left arm with numbness and tingling, and a pulling sensation into the left back. The primary treating physician

noted the injured worker had completed two sessions left knee physical therapy. The physical exam revealed tenderness over the medial and lateral left knee joint lines; and mildly decreased range of motion with patellofemoral crepitus of the left knee. The injured worker was continuing his home exercise program, and reported increased strength of the left arm and left leg after physical therapy. Diagnoses included bilateral carpal tunnel syndrome; resolved right plantar fasciitis; left rotator cuff tendinosis and status post right shoulder surgery; hypertrophic arthrosis of the acromioclavicular joint with impingement; and internal derangement of the left knee and left knee meniscal tear. The physician recommended additional physical therapy, continue home exercise and a left knee and shoulder injection if physical therapy wasn't effective. The injured worker was return to work with modified duties. On May 24, 2014 Utilization Review non-certified a prescription for 8 (twice a week for four weeks) additional visits of physical therapy for the left knee. The physical therapy was non-certified based on the lack of objective evidence of functional improvement or symptomatic benefit from previous therapy. There was lack of continued functional deficits present on exam that would be expected to improve with formal supervised therapy. The California Medical Treatment Utilization Schedule (MTUS) guidelines for physical therapy were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4 for the left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Physical Medicine

Decision rationale: The patient presents with pain to left knee on a scale of 6-8/10. The current request is for physical therapy 2x4 for left knee. The treating physician report dated 9/08/14 states that the patient has internal derangement of knee as well as a grade 3 tear of the posterior horn of the medial meniscus. In addition, there are grade 2 signals vs. grade 3 tears of the anterior and posterior horns of the lateral meniscus. The MTUS guidelines allow for 8-10 physical therapy sessions for myalgia and neuritis type pain. The patient has only had two prior physical therapy sessions for the left knee and the treating physician has stated that the patient could benefit from additional physical therapy sessions to improve left knee ROM, strength and decrease pain. Given that the patient has had only two sessions of physical therapy and the current request is for 8 sessions, the MTUS guidelines support this recommendation as MTUS allows for 8-10 sessions. Therefore, this request is medically necessary.