MAXIMUS Federal Services

Case Number:	CM14-0199740		
Date Assigned:	12/10/2014	Date of Injury:	02/14/2013
Decision Date:	01/23/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/01/2014

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 Internal Medicine 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 (IW) is a 54-year-old man with a date of injury of February 14, 2013. The mechanism of injury was a trip and fall, hitting the left knee, hitting the head, and right side of the ribs. The IW has been diagnosed with degenerative joint disease, knee; sprain and strain of the anterior cruciate ligament (ACL), s/p repair in November of 2013; lateral epicondylitis; and rotator cuff tear with decreased range of motion, left shoulder. Prior treatments have included physical therapy (PT), steroid injections, topical creams, and surgery. Pursuant to the progress reports dated October 4, 2014, the IW complains of left shoulder and elbow pain and stiffness. She also complains of persistent anterior knee pain. Examination of the shoulder reveals tenderness at the trapezius and proximal biceps insertion site. ROM: 100 degrees forward flexion, 90 degrees abduction, and 70 degrees external rotation with pain. According to the UR documentation, the IW has completed 24 visits of PT for the left knee and shoulder from September of 2013 to April of 2014. Current medications include Etodolac, Tramadol, Vicodin, and Voltaren topical gel. There were no physical therapy progress notes in the medical records for review. There was no documentation of objective functional improvement associated with prior PT to the left shoulder or left knee. The current request is for additional physical therapy X 6 for the left shoulder, and additional physical therapy X 6 to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six additional sessions of physical therapy for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (updated 10/31/14), Physical therapy

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and that the Official Disability Guidelines, six additional physical therapy sessions to the left shoulder are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). The guidelines enumerate duration and frequency of recommended physical therapy based on disease state. See guidelines for additional details. In this case, the injured worker's diagnoses are knee sprain/strain, anterior cruciate ligament repair; degenerative joint disease knee; lateral epicondylitis; and rotator cuff tear with decreased range of motion left shoulder. The injured worker received physical therapy postoperatively. The injured worker is a 54-year-old man who sustained an injury on February 14, 2013. There are no physical therapy notes or documentation in the body of the medical record (165 pages). There are progress notes, however, from the treating orthopedic surgeon. A review of the utilization review indicates the injured worker received 24 visits of physical therapy for the left knee from January 20, 2014 to April 16, 2014. The patient completed 24 visits of physical therapy to the left knee and shoulder from September 9 of 2013 to April 16, 2014. It is unclear whether the injured worker received a total of 24 visits or 48 visits in total. There is no documentation in the medical records indicating objective functional improvement associated with prior physical therapy to the left shoulder. Consequently, additional physical therapy is dependent on objective functional improvement associated with prior physical therapy. There are no records to review. Consequently, absent the appropriate documentation and evidence of objective functional improvement, an additional 6 sessions physical therapy to the left shoulder are not medically necessary.

Six additional sessions of physical therapy for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (updated 10/27/14), Physical medicine treatment

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and that the Official Disability Guidelines, six additional physical therapy sessions to the left knee are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). The guidelines enumerate duration and frequency of

recommended physical therapy based on disease state. See guidelines for additional details. In this case, the injured worker's diagnoses are knee sprain/strain, anterior cruciate ligament repair; degenerative joint disease knee; lateral epicondylitis and rotator cuff teat left shoulder. The injured worker received physical therapy postoperatively. The injured worker is a 54-year-old man who sustained an injury on February 14, 2013. There are no physical therapy notes or documentation in the body of the medical record (165 pages). There are progress notes, however, from the treating orthopedic surgeon. A review of the utilization review indicates the injured worker receives 24 visits of physical therapy for the left knee from January 20, 2014 to April 16, 2014. The patient completed 24 visits of physical therapy to the left knee and shoulder from September 9 of 2013 to April 16, 2014. It is unclear whether the injured worker received a total of 24 visits or 48 visits in total. There is no documentation in the medical records indicating objective functional improvement associated with prior physical therapy to the knee. Consequently, additional physical therapy is dependent on objective functional improvement associated with prior physical therapy. There are no physical therapy records to review. Consequently, absent the appropriate documentation and evidence of objective functional improvement, additional 6 sessions physical therapy to the left shoulder are not medically necessary.