

Case Number:	CM14-0208943		
Date Assigned:	12/22/2014	Date of Injury:	09/20/2014
Decision Date:	02/27/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and shoulder pain reportedly associated with an industrial injury of September 28, 2014. In a Utilization Review Report dated December 2, 2014, the claims administrator failed to approve a request for 12 sessions of physical therapy for the shoulder and knee. Progress notes and RFA form of October 28, 2014, November 12, 2014, and November 24, 2014 were referenced in the rationale. The applicant's attorney subsequently appealed. In an October 20, 2014 progress note, the applicant reported persistent complaints of neck, shoulder, hip, and low back pain. The applicant's problem list included ulcerative colitis, hypothyroidism, hypertension, osteoporosis, and hypercalcemia. The applicant was status post gastric bypass surgery, shoulder arthroscopy, knee arthroscopy, and cholecystectomy. The applicant was using Celexa, butalbital, Lasix, Mobic, Levoxyl, and various dietary supplements. A knee sleeve and physical therapy were endorsed. The applicant was given an extremely proscriptive limitation of "not permitted to do any lifting, bending, squatting, stooping, or climbing ladders." The applicant was also capped at maximum 5 hours of work. The applicant apparently had issues with knee arthritis and shoulder arthritis. The attending provider did not clearly state whether the applicant was or was not working, although this did not appear to be case. In a progress note dated September 23, 2014, the applicant was placed off of work, on total temporary disability, for six weeks. The applicant, however, did express some desire to return to workplace at some point in time. On November 12, 2014, the attending provider again sought authorization for 12 sessions of physical therapy for the shoulder and knee. The applicant was having difficulty negotiating stairs, performing

household chores, standing, dressing, and undressing herself, it was acknowledged. The attending provider acknowledged that the applicant had been treated elsewhere. 8/10 knee and shoulder pain were appreciated. The attending provider stated that the applicant had a four-hour per day work limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 6 weeks of the Right Shoulder and Right Knee:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter: Shoulder (Acute & Chronic); ODG Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints Page(s): 48, 204, 338.

Decision rationale: The 12-session course of therapy proposed, in and of itself, represents treatment well in excess of the initial and follow-up visits endorsed in the MTUS-adopted ACOEM Guidelines in Chapter 13, Table 13-3, page 338 for education, counseling, and evaluation of home exercise transition purposes for applicants with knee complaints and is also well in excess of the initial and follow-up visits endorsed in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-3, page 204 for education, counseling, and evaluation of home exercise transition purposes for applicants with shoulder complaints. ACOEM Chapter 3, page 48 further stipulates that an attending provider should furnish a prescription for physical therapy which "clearly states treatment goals." Here, the request for 12 sessions of physical therapy did not clearly state treatment goals. The attending provider did not clearly state how much physical therapy treatment the applicant had or had not through the date of the request. The attending provider, it is incidentally noted, ordered 12 sessions of physical therapy on an office visit of November 12, 2014, after having previously ordered 12 sessions of physical therapy on October 20, 2014. It did not appear that the applicant's functional status was trending favorably from visit to visit despite completion of earlier unspecified amounts of physical therapy. For instance, the applicant was given work restriction of working no more than five hours per day on October 20, 2014 by a prior treating provider. The current treating provider, on November 12, 2014, stated that the applicant could only work four hours a day on November 12, 2014 and, furthermore, stated that the applicant was having difficulty performing activities of daily living as basic as negotiating stairs, performing household chores, performing standing and walking activities, and dressing and undressing herself. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for an additional 12 sessions of physical therapy is not medically necessary.