

<b>Case Number:</b>	CM14-0049150		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	11/02/2010
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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:

This male was injured while being employed on 11/02/2010. On physician visit dated 02/07/2014 the injured worker complained of shoulder and knee pain. On examination of left shoulder revealed as being neuro circulatory intact, pain with range of motion, tender to touch on palpation to anterior capsule/cuff and AC joint. Left knee was noted to have tenderness to touch, pain on range of motion and antalgic gait. Diagnosis was status post left shoulder arthroscopy, extensive debridement and rotator cuff repair on 05/06/2013 and knee multi-compartment degenerative joint disease status post injection 10/17/2013. Treatment plan included physical therapy, evaluate and treat 2x weeks for 3 week. Per documentation the injured worker has previous undergone physical therapy, however the number of completed sessions were unclear. Work status was noted as permanent and stationary. The Utilization Review dated 03/06/2014 modified the request for Physical Therapy 2xWk x 3 Wks left shoulder and left knee to Physical Therapy 1xWk x 3 Wks left shoulder and left knee. The reviewing physician referred to CA MTUS Guidelines: Chronic Pain Medical Treatment Guidelines, ODG Shoulder Physical Therapy and ODG Knee and Leg Physical Medicine Treatment for recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy twice (2) per week for three (3) weeks for the left shoulder and 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, Shoulder (updated 01/202014) Physical Therapy and Knee and Leg, 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, Knee and Shoulder Sections, Physical Therapy

**Decision rationale:** Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times three weeks to the left knee and 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). When treatment duration and or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post left shoulder arthroscopy, extensive debridement and rotator cuff repair on May 6, 2013; and knee multi compartment degenerative joint disease, status post surgery. The documentation indicates the injured worker received physical therapy during 2013. A progress note dated September 13, 2013, physical therapy #9 to the left shoulder was in the medical record. There were other scattered physical therapy notes in the medical record. However, there was no indication of objective functional improvement associated with prior physical therapy. Additionally, a progress note dated January 10, 2013 indicated the injured worker received 12 physical therapy sessions to the left knee. The documentation does not contain any compelling clinical facts that warrant additional physical therapy to both the shoulder and knee. There is no objective functional improvement documented as a prelude to additional physical therapy. Consequently, absent clinical documentation with objective functional improvement of prior physical therapy to the left shoulder and left knee and compelling clinical facts, physical therapy two times per week times three weeks to the left knee and left shoulder is not medically necessary.