

Case Number:	CM15-0000627		
Date Assigned:	01/13/2015	Date of Injury:	10/08/2012
Decision Date:	03/13/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	01/02/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 47-year-old female who reported an injury on 10/08/2012. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of probable cervical spine disc protrusion radicular pain, status post rotator cuff repair with continued chronic tendinosis and pain, as well as scapular dyskinesis, status post right knee arthroscopy with debridement, and underlying chondromalacia and chronic tendinosis. Past medical treatment consists of surgery, physical therapy, and medication therapy, as well as work restrictions. No diagnostics were submitted for review. On 10/31/2014, the injured worker complained of neck and right shoulder pain. The injured worker rated the pain at a 7/10 to 8/10, stating that it was constant, worsened with repetitive use of the right upper extremity. Physical examination of the right shoulder revealed forward flexion of 120 degrees, abduction of 90 degrees, external rotation of 50 degrees, and internal rotation of 50 degrees. There was a rotator cuff strength was 4/5. Pain and crepitus with Hawkins and Neer's. Positive Speed's test and scapular dyskinesis. Examination of the right knee revealed no effusion. There was tenderness along the proximal patella tendon, distal quadriceps, and lateral gutter. There was crepitus on flexion and extension. There was slight effusion. No erythema or warmth. Range of motion was 0 to 120 degrees. The knee was stable with varus and valgus stress test. Medical treatment plan is for the injured worker to undergo an MRI of the cervical spine to re-evaluate her radiculopathy and undergo physical therapy to the right knee twice per week for 5 weeks. Rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for five weeks for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The request for Physical therapy twice a week for five weeks for the right knee is not medically necessary. The California MTUS Guidelines recommend physical medicine in healing soft tissue injuries. They can be used sparingly with active therapies to help include swelling, pain, inflammation, and during the rehabilitation process. The guidelines recommend 9 to 10 visits over 8 weeks. The submitted documentation indicated that the injured worker had undergone physical therapy. However, efficacy of prior physical therapy and how many physical therapy sessions the injured worker has completed to date was not submitted in the documentation. In the absence of the documentation regarding prior physical therapy, the request cannot be substantiated. As such, the request for Physical therapy twice a week for five weeks for the right knee is not medically necessary.