

Case Number:	CM15-0003548		
Date Assigned:	01/14/2015	Date of Injury:	04/30/2014
Decision Date:	03/16/2015	UR Denial Date:	12/20/2014
Priority:	Standard	Application Received:	01/08/2015

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: 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 injured worker is a 40 year old female, who sustained an industrial injury on 4/30/14. She has reported knees, neck and shoulder. The diagnoses have included left shoulder impingement and bilateral knee contusion. Treatment to date has included medications and physical therapy. It is noted that symptoms did not improve with physical therapy. Currently, the IW complains of left shoulder pain. Physical exam noted tenderness to the left shoulder anteriorly and posteriorly and significant pain with range of motion. Tenderness is noted to palpation over the anterior aspect of patellar tendon of both knees. On physical exam of 7/18/14 it is noted bilateral knee contusion is improving. On 9/9/14 the orthopedic surgery consultant noted that prior physical therapy was geared toward the knees and not the shoulder. No ongoing knee pain was reported. On 12/20/14 Utilization Review non-certified physical therapy to bilateral knee and left shoulder 2 times per week for 3 weeks, noting a course of physical therapy had previously been completed for this injury, no evidence was submitted that the injured worker is unable to continue rehabilitation with an independent home exercise program. The MTUS, ACOEM Guidelines, was cited. On 12/28/14, the injured worker submitted an application for IMR for review of physical therapy bilateral knee and left shoulder 2 times per week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2x3 Bilateral Knee/ Left Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Knee

Decision rationale: MTUS Guidelines support limited physical therapy for the knee, however it does not communicate what would be considered an adequate number of visits for this patients condition. ODG does address this issue and recommends up to 9 sessions as medically adequate. The records state that this amount of therapy has been provided for this individual and there is no documentation of ongoing knee symptoms or problems to justify an extension of 6 sessions. There may be a need for additional physical therapy for the shoulder, but the request was a combined shoulder/knee request and IMR cannot recommend modifications. The combined request for an additional 6 sessions for the knee and shoulder is not consistent with Guidelines for the knee and is not medically necessary.