

Case Number:	CM15-0008863		
Date Assigned:	01/26/2015	Date of Injury:	02/13/2014
Decision Date:	03/19/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/15/2015

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: Family Practice

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 48 year old female, who sustained an industrial injury on February 13, 2014. Her diagnoses include left knee facet osteoarthritis, multiple ganglion cysts of the left knee, and degenerative tear of the left knee medial meniscus. She has been treated with pain and non-steroidal anti-inflammatory medications, viscosupplementation injections of the left knee, activity modifications, stretching, heat, home exercise, and magnetic resonance imaging (MRI) of the left shoulder on November 3, 2014. The medical records refer to a course of physical therapy with TENS (transcutaneous electrical nerve stimulation), Interferential current (IFC)/heat/ice, and therapeutic exercises. On December 8, 2014, her treating physician reports pain of the left shoulder and left knee. The physical exam revealed medial and lateral joint tenderness of the left knee. There was limited range of motion with crepitus. The left shoulder was diffusely tender. On January 6, 2015 Utilization Review non-certified a prescription for 12 visits (3 x 4) for the left shoulder. The rationale and the guidelines cited were not included in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x week x 4 weeks left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on guidelines physical medicine can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. There should be documented functional improvement. There should be a home exercise program. Based on the medical records there is no documentation that the patient has had improvement with previous physical therapy and thus not medically necessary.