

<b>Case Number:</b>	CM15-0107289		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	06/26/2014
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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, 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:

The injured worker is a 57 year old male, who sustained an industrial injury on 06/26/2014. He has reported injury to the left shoulder and the left knee. The diagnoses have included left rotator cuff syndrome; joint pain, shoulder; arthropathy, shoulder; joint pain, left leg; tear medial meniscus knee; osteoarthritis localized primary involving lower leg; and status post left knee arthroscopy, subtotal synovectomy, medial synovial plica release, partial lateral meniscectomy, and chondral ablation, patellofemoral joint, on 03/03/2015. Treatment to date has included medications, diagnostics, bracing, physical therapy, home exercises, and surgical intervention. Medications have included Norco and Zofran. A progress report from the treating physician, dated 04/09/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of soreness of the left knee; denies any pain to the left knee; able to walk normally; has trouble with stairs; stiffness of the knee; pain with certain movements of the left knee, most of his pain occurs on the medial side; pain level can reach up to a 4-5/10 on the pain scale; he is currently attending physical therapy twice a week; and denies use of pain medication. Objective findings included left knee arthroscopic incisions are clean with no signs of infection present; mild tenderness to palpation of the cervical spine; tenderness to palpation of the left shoulder with decreased range of motion; impingement signs are positive on the left; mild tenderness over the left biceps tendon; mild pain on acromioclavicular compression of both shoulders; and motor strength of the left shoulder girdle muscles are graded at 3/5. The treatment plan has included the request for additional physical therapy 2 x 6 to the left knee.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Additional physical therapy 2 x 6 to the left knee: 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): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional physical therapy two times per week times six weeks to the left knee is 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 workers working diagnoses are joined pain leg; tear medial meniscus knee; osteoarthritis localized primarily involving lower leg; rotator cuff syndrome NOS; joint pain shoulder; and arthropathy NOS shoulder. The request for authorization date is May 6, 2015. The progress note dated April 9, 2015 states the injured worker complains of soreness in the left knee with difficulty maneuvering stairs. Objectively, there is no physical examination of the knee. Utilization review indicates the injured worker received 18 physical therapy sessions to date. The guidelines recommend 12 sessions over 12 weeks. There are no compelling clinical facts in the medical record indicating additional physical therapy over the recommended guidelines are indicated. There is no objective functional improvement with physical therapy progress notes in the medical record. Consequently, absent clinical physical therapy progress note documentation with objective functional improvement, compelling clinical factors indicating additional physical therapy over the recommended guidelines are indicated and a physical examination of the affected knee, additional physical therapy two times per week times six weeks to the left knee is not medically necessary.