

Case Number:	CM15-0018438		
Date Assigned:	02/06/2015	Date of Injury:	06/22/2012
Decision Date:	04/03/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/30/2015

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, Arizona
 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 50-year-old female who reported an injury on 09/12/2006. The mechanism of injury was not specifically stated. The current diagnosis is status post left knee arthroscopy on 10/09/2014. The injured worker presented on 12/15/2014 for a follow-up evaluation with complaints of right shoulder pain and decreased range of motion. There was no physical examination of the left knee or the right shoulder provided. It was noted that the examination was unchanged from a previous visit. The injured worker was 2 months status post left knee arthroscopy on 10/09/2014. The injured worker had participated in acupuncture and chiropractic therapy. Recommendations included a Dynasplint and physical therapy 3 times per week for 6 weeks. There was no Request for Authorization Form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dyna splint for left knee/right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Shoulder Chapter, Static progressive stretch (SPS) therapy.

Decision rationale: The Official Disability Guidelines recommend static progressive stretch therapy for the knee when there is evidence of joint stiffness caused by immobilization, establish contracture when passive range of motion is restricted, healing soft tissue, and as an adjunct to physical therapy within 3 weeks of manipulation or surgery performed to improve range of motion. In this case, the injured worker was 2 months status post right knee arthroscopy. The injured worker does not fall within guideline recommendations. There was also no physical examination provided on the requesting date. With regard to static progressive stretch therapy for the shoulder, the Official Disability Guidelines recommend this type of therapy as an option for adhesive capsulitis. In this case, the injured worker does not maintain a diagnosis of adhesive capsulitis. Additionally, there was no physical examination of the right shoulder provided on the requesting date. Given the above, the request is not medically appropriate at this time.

Physical therapy 3 x 4 for right shoulder/left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 10, 27.

Decision rationale: California MTUS Guidelines state the initial course of therapy means of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following a meniscectomy includes 12 visits over 12 weeks. The injured worker is status post left knee arthroscopy with meniscectomy in 10/2014. It is unclear whether the injured worker has participated in a postoperative course of physical therapy. The request for 12 sessions of physical therapy for the left knee would exceed guideline recommendations. Additionally, California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There was no physical examination of the right shoulder provided on the requesting date. The medical necessity for skilled physical medicine treatment for the right shoulder has not been established in this case. As such, the request is not medically appropriate at this time.