

Case Number:	CM15-0148070		
Date Assigned:	08/11/2015	Date of Injury:	03/18/2014
Decision Date:	09/25/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/30/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 54 year old female who sustained a work related injury March 18, 2014. She slipped and fell to the floor on the left side of her body. She felt pain in her neck, left shoulder, upper back and left knee. Past history included status post left shoulder arthroscopy, subacromial decompression and rotator cuff repair, October 2014 and hypertension. According to a primary treating physician's progress report, dated March 9, 2015, the injured worker presented five months post-operative left shoulder, having completed 18 sessions of physical therapy. She has residual pain and stiffness and is pending additional therapy for the left shoulder. Objective findings included; left shoulder-healed incision, 120 degrees of flexion, 115 degrees of abduction 5 degrees of internal rotation and 45 degrees of external rotation. A qualified medical evaluation was performed April 13, 2015, and noted the injured workers last physical therapy treatment for her left shoulder was April 6, 2015. Diagnoses are strain of neck with some persistent spasm and asymmetric limitation of motion; strain of thoracic spine with some limitation of flexion and no spasm. At issue, is a request for authorization for physical therapy two times a week for four weeks for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two times a week for four weeks for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter.

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

Decision rationale: Guidelines state that physical therapy is recommended for short-term relief during the early phase of pain treatment. Patients are expected to continue active therapy at home in order to maintain improvement levels. Guidelines recommend an initial trial of 6 PT visits. In this case, the requested physical therapy two times per week for four weeks for the left knee exceeds physical therapy guidelines. The request for 8 physical therapy sessions is not medically necessary and appropriate.