

Case Number:	CM15-0149043		
Date Assigned:	08/12/2015	Date of Injury:	05/12/2014
Decision Date:	09/09/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	07/31/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 55-year-old male who sustained a work related injury May 12, 2014. He fell from a 7-foot high scaffold to the left side and was suspended via the axillae on a vertical wooden board, which broke his fall on the second level of the scaffolding unit. He did lose consciousness and developed pain to the left knee, left hip, and left shoulder, with bruising along the rib and chondrosternal and sternum, left chest and left axillary region. He also reported pain to the neck, mid and low back extending into the left buttock. He was initially treated with medication and chiropractic therapy and x-rays were obtained. A left knee MRI performed June 12, 2014 (report present in the medical record) revealed a large complex multiplanar tear of the medial meniscus anterior and posterior horns; the body is partially extruded and there is a flap arising from the tibial surface of the body rotated 90 degrees caudally between the tibia and the medial collateral ligament. An MRI of the left shoulder performed June 12, 2014 (partial report present in the medical record) revealed a tear of the labrum extending posteriorly and a small partial thickness articular tear of the infraspinatus tendon. Past history-included status, post left shoulder decompression with Mumford procedure, labral repair, biceps tendon release and grade IV chondromalacia noted along posterior glenoid May 21, 2015 and status post one injection of the left knee May 14, 2015. According to a treating physician's progress report dated July 14, 2015, the injured worker presented with complaints of difficulty with reaching activities and attempting overhead activities and left shoulder pain, rated 6 out of 10. On examination, there is tenderness to palpation of the left AC (acromioclavicular) joint and left greater tubercle. There is decreased range of motion and strength in the left shoulder. Diagnoses are other affections of

shoulder region, not elsewhere classified; bicipital tenosynovitis. At issue, is the request for authorization for twelve sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy: 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 rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.