

Case Number:	CM15-0181318		
Date Assigned:	09/25/2015	Date of Injury:	09/29/2012
Decision Date:	11/09/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/15/2015

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: New Jersey

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 54 year old female, who sustained an industrial injury on 9-29-12. The injured worker is being treated for knee chondromalacia patella, shoulder joint pain, knee arthralgia, knee lateral meniscus tear and shoulder sprain. Treatment to date has included left knee arthroscopy, oral medications including Celebrex and Meloxicam; topical Voltaren gel, 24 physical therapy sessions (with unknown benefit or results), aqua therapy sessions, chiropractic treatment, home exercise program and activity modifications. On 7-27-15, the injured worker complains of continued left knee pain which is unchanged since last exam, rated 7 out of 10 and notes walking is difficult. She is temporarily totally disabled. Physical exam performed on 7-27-15 revealed ambulation with a cane, slight tenderness of left knee and subpatellar crepitus. The treatment plan included home heat-ice, topical analgesic ointment, home exercise program, cane for ambulation, continuation of physical aqua therapy, referral for second opinion and oral Celebrex. On 8-18-15 a request for continued physical therapy 12 sessions for right shoulder was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Physical therapy 3 times a week for 4 weeks, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical therapy in the form of passive therapy for the shoulder is recommended by the MTUS Guidelines as an option for chronic shoulder pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myositis/myalgia-type pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, had completed some forms of physical therapy, including aqua for the arms, including shoulder, since the initial injury, but it is unclear from the notes provided how many sessions were completed. It was noted that the worker was performing home exercises in the past, however, it was unclear if these exercises were also for the right shoulder, and there was no recent report to suggest that the home exercises were impossible to perform, which would help to justify the request for additional supervised physical therapy of the right shoulder. It appears that this worker should have progressed to home exercises only, without supervision for therapy, years after the initial injury. Therefore, upon review of the documentation, there is insufficient evidence to suggest additional physical therapy of any number of sessions for the right shoulder is medically necessary at this time.