

Case Number:	CM15-0183728		
Date Assigned:	09/24/2015	Date of Injury:	06/22/2015
Decision Date:	10/29/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/18/2015

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 49 year old male with a date of injury on 6-22-2015. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder rotator cuff impingement with a partial tear and right patellofemoral pain syndrome. According to the orthopedic consult dated 8-20-2015, the injured worker complained of right shoulder pain in the lateral deltoid area and trapezius. The injured worker noted some improvement with therapy and home exercises. He complained of a painful lump on his right knee just above the patella. Per the treating physician (8-20-2015), the injured worker has not returned to work. The physical exam (8-20-2015) revealed pain and weakness with abduction strength testing of the right shoulder and pain with external rotation testing. Impingement sign was positive. The right shoulder range of motion was 170-90-70. Exam of the right knee revealed tenderness at the medial and lateral patellar facets. It was noted that right shoulder magnetic resonance imaging (MRI) showed supraspinatus tendinosis with a partial tear, acromioclavicular joint arthritis and a labral tear. It was noted that right knee magnetic resonance imaging (MRI) showed thickening of the quadriceps tendon, a small amount of fluid and a small effusion. Treatment has included physical therapy, home exercise and medication (Motrin). The request for authorization dated 8-28-2015 was for 12 visits of physical therapy for the right shoulder and right knee. The original Utilization Review (UR) (9-8-2015) modified a request for physical therapy for the right shoulder and right knee from 12 sessions to 10 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for right shoulder 2 times a week for 6 weeks (12 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Follow-up Visits, Activity Modification, Work Activities.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received previous therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy for right shoulder 2 times a week for 6 weeks (12 sessions) is not medically necessary and appropriate.

Physical therapy for right knee 2 times a week for 6 weeks (12 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration, Work Activities, Follow-up Visits.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received previous therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy for right knee 2 times a week for 6 weeks (12 sessions) is not medically necessary and appropriate.