

Case Number:	CM15-0191502		
Date Assigned:	10/05/2015	Date of Injury:	09/10/2014
Decision Date:	11/12/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/29/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 32 year old male who sustained an industrial injury on 09-10-2014. Medical records indicated the worker was treated for right knee internal derangement with arthroscopic repair of the right knee (03/17/2015), and right shoulder, thoracic strain. In the physical therapy notes of 07-27-2015 the injured worker complains of worsening pain symptoms especially to left knee. Pain is presented as his primary concern. The worker has received 25 physical therapy sessions since his initial physical therapy session 04-14-2015, and per 07-27-2015 note continues to exhibit pain-limited functional capacity. On examination his right knee, extension is 0 degrees flexion 127 degrees, motor strength 5- out of 5, flexion 4+ out of 5 and his range of motion is normal. The recommendation from the physical therapist is for discharge from skilled physical therapy after completion of his physical therapy prescription and for the worker to seek alternative plans of care for pain relief such as acupuncture or injections. The primary treating physician's note of 07-23-2015 notes that x-rays of the right knee (three views) and right tibia (two views) showed no increase of osteoarthritis. The right shoulder was evaluated 06-18-2015 and noted subjectively that physical therapy had improved his right shoulder symptoms which he rated as a 3-4 on a scale of 10, and he rated his headaches (06-18-2015) as a 3 on a scale of 0-10. On examination his shoulder had crepitus on active and passive range of motion. He had a positive Neer's test and a positive Hawkin's sign. Subscapular palpation on the right elicited tenderness. Muscle strength testing was 5 out of 5 in all upper extremity muscle groups with the exception of the deltoid and bicep on the right which was 4+ out of five. A request for authorization was submitted for: 1. Physical therapy to right knee two

times a week for four weeks². Physical therapy to the right shoulder two times a week for four weeks. A utilization review decision 08-31-2015 issued modified approval for:- Physical therapy to right knee x2 and transition to home exercise program- Physical therapy to the right shoulder x2 and transition to home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to right knee two times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute and Chronic) (updated 08/06/15) Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

Decision rationale: Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy right knee two times per week times four weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are tension headaches; right shoulder strain; thoraco-myofascitis; and status post arthroscopic repair right knee. Date of injury is September 10, 2014. Request for authorization is August 24, 2015. The worker is status post right knee arthroscopy March 17, 2015. According to the most recent progress note dated June 18, 2015, the injured worker has ongoing right shoulder and knee pain. Injured worker received physical therapy to the right shoulder with improvement. The injured worker received 25 sessions of physical therapy to the knee as of July 27, 2015. The injured worker had continued pain. The physical therapy progress note indicated the injured worker might fare better with alternative treatment to the knee. The documentation indicates the injured worker ambulates frequently. There is no documentation demonstrating objective functional improvement of the knee. The injured worker received adequate physical therapy (25 sessions) to the affected knee and should be well-versed in the exercises to engage in a home exercise program. There are no compelling clinical facts to support additional physical therapy over the recommended guidelines. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and 25 physical therapy sessions to be well-versed in exercises to engage in a home exercise program, physical therapy right knee two times per week times four weeks is not medically necessary.

Physical therapy to the right shoulder two times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute and Chronic) (updated 08/06/15) Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

Decision rationale: Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy right shoulder two times per week times four weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are tension headaches; right shoulder strain; thoraco-myofascitis; and status post arthroscopic repair right knee. Date of injury is September 10, 2014. Request for authorization is August 24, 2015. The worker is status post right knee arthroscopy March 17, 2015. According to the most recent progress note dated June 18, 2015, the injured worker has ongoing right shoulder and knee pain. Injured worker received physical therapy to the right shoulder with improvement. The injured worker received 25 sessions of physical therapy to the knee as of July 27, 2015. The injured worker had continued pain. There is no documentation demonstrating objective functional improvement of the right shoulder. The total number of physical therapy sessions to the right shoulder is not specified. There are no compelling clinical facts indicating additional physical therapy of the right shoulder is clinically indicated. Based on clinical information medical record, peer-reviewed evidence-based guidelines, no documentation indicating the total number of physical therapy sessions, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy to the right shoulder is clinically indicated, physical therapy right shoulder two times per week times four weeks is not medically necessary.