

<b>Case Number:</b>	CM15-0195830		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	06/12/2014
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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:

The injured worker is a 54 year old male, who sustained an industrial injury on 6-12-2014. The injured worker was diagnosed as having lumbar spine degenerative disc disease, L5-S1 bulging disc and annular tear, 4mm intrasubstance tear of the distal supraspinatus, moderate acromioclavicular joint arthropathy and small amount of fluid in the subacromial-subdeltoid bursa per magnetic resonance imaging dated 1-15-2015, bilateral knee pain and early degenerative disease, bilateral mild-moderate carpal tunnel syndrome per electrodiagnostics 1-13-2015, lateral lifting of the patella and thinning of the patellar articular cartilage at the apex of the left knee per magnetic resonance imaging 1-15-2015, and truncation tear of the anterior horn of the lateral meniscus per magnetic resonance imaging of the right knee 1-15-2015. Treatment to date has included diagnostics, right knee diagnostic arthroscopy 6-19-2015, physical therapy, and medications. Currently (9-04-2015), the injured worker complains of persistent low back pain, rated 4 out of 10, noted as frequent and about the same. He also reported left shoulder pain, rated 4 out of 10 (rated 2 out of 10 on 6-16-2015), noted as frequent and about the same, bilateral wrist-hand pain, rated 6 out of 10, noted as frequent and slightly worsening with weakness and numbness, bilateral knee pain (right knee slightly worse), rated 4 out of 10 (rated 3 out of 10 on 6-16-2015), and pain in his bilateral feet, rated 1-2 out of 10, noted as slightly improved due to not standing or walking as much lately. He was currently not working, total temporary disability until 9-07-2015, with release to regular work 9-08-2015 on trial basis. He reported that pain was improved with rest and medication and Norco reduced pain from 6 out of 10 to 2 out of 10. Exam of the lumbar spine noted mild paraspinal tenderness and "normal" bilateral lower

extremity strength. Exam of the left shoulder noted positive Hawkin's sign, abduction and forward flexion 0-110 degrees, and intact sensation. Exam of the bilateral wrist noted positive carpal tunnel compression and Tinel's tests, along with "mild" thenar atrophy bilaterally. Exam of the bilateral knees noted range of motion 0-130 degrees and tenderness over the medial and lateral joint lines, with slight crepitus with active range of motion. It was documented that physical therapy for the right knee and left shoulder was pending, noting recommendation for physical therapy for the left knee and lumbar spine due to compensation. The secondary treating physician progress report (8-26-2015) noted completion of 12 sessions of physical therapy for the right knee, "which was helpful". Physical therapy progress reports were not submitted. The treatment plan included physical therapy x12 sessions for the right knee and left shoulder, non-certified by Utilization Review on 9-14-2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy x12 sessions for the right knee and left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

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

**Decision rationale:** The Chronic Pain Guidelines, post-operative therapy allow for 12 visits over 12 weeks for arthroscopic surgery over a postsurgical physical medicine treatment period. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the initial guidelines criteria. The patient's arthroscopy is now almost 5 months without documented functional improvement from the extensive PT visits rendered. There was no post-operative complications or comorbidities noted to allow for additional physical therapy beyond guidelines recommendations. Additionally, 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 chronic 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 Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant 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 chronic 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 x12 sessions for the right knee and left shoulder is not medically necessary and appropriate.