MAXIMUS Federal Services

| Case Number: | CM15-0198871 | | |
|---|---|---|---|
| Date Assigned: | 10/14/2015 | Date of Injury: | 11/02/2010 |
| Decision Date: | 11/24/2015 | UR Denial Date: | 09/11/2015 |
| Priority: | Standard | Application Received: | 10/09/2015 |

## 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: Florida
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 60 year old female, who sustained an industrial injury on 11-2-10. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 6-5-15 indicated the injured worker returns for re-evaluation of bilateral knee and shoulder pain. The injured worker reports she has had previous cortisone injections in both the shoulder and the knee which provider good relief. She reports on this day she is having a lot of daily pain in the knees and shoulders. The worse pain is reported in the left knee and left shoulder. When walking, she reports she feels stabbing pain in the knee. She cannot climb stairs any longer and she has to install a chair lift in her home to get up and down the stairs. As for her shoulder, she reports she constantly is holding her arm in a sling position. She can raise the arm above her head with severe pain. The provider reports there is some clicking and cracking in the shoulder. She reports she occasionally has some numbness and tingling in the hands. She also reports pain in the right wrist that is worse when she uses that hand. She reports trouble sleeping because of her pain. She reports she does not take medications because of how her stomach reacts. She reports trying Tylenol with minimal relief; Ibuprofen provides better relief but leads to stomach problems. She is requesting another round of injections. She reports her last series of Euflexxa was April of last year. The provider documents a physical examination "Right knee: mild swelling, effusion. Deformity: varus less than 10 degrees, no atrophy; gait mild limp; tenderness lateral and patellofemoral. Range of motion: 10-90, crepitus on range of motion; stability with normal strength 5 out of 5. Vascular has good capillary refill and normal sensation. Left knee: appearance: no swelling, no

ecchymosis, deformity: varus less than 10 degrees, tenderness: medial joint line, lateral joint line. Range of motion: 10-90, crepitus noted, no instability. The right shoulder notes no swelling tender to palpation at anterior shoulder. Range of motion: elevation 120, ER: 45, IR: left hip. Strength testing 5 out of 5 all RTC groups. Same findings for the left shoulder." The providers treatment plan includes physical therapy to build up strength and to repeat the Euflexxa in for both knees. He notes she has a diagnosis of "glenohumeral arthritis" and a cortisone injection may help in the future. A Request for Authorization is dated 10-9-15. A Utilization Review letter is dated 9-11-15 and non-certification for Physical Therapy for the left shoulder x 8 visits. A request for authorization has been received for Physical Therapy for the left shoulder x 8 visits.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the left shoulder x 8 visits:** Upheld

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

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

**Decision rationale:** The utilization review physician's notes state that this patient has already been approved for 8 treatments and that she has completed 3 of them. This request is for an additional 8 sessions per the utilization review physician's documentation. In accordance with MTUS guidelines, the physical medicine recommendations state, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Guidelines also state, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." The guidelines recommend fading of treatment frequency with transition to a home exercise program, which this request for additional physical therapy (before the original treatments have been completed and the benefits from those treatments evaluated) does not demonstrate. Likewise, this request is not medically necessary.