

Case Number:	CM15-0201211		
Date Assigned:	10/20/2015	Date of Injury:	06/12/2015
Decision Date:	12/01/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/13/2015

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: Preventive Medicine, Occupational 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 50 year old female who sustained an industrial injury on 06-12-2015. Review of the medical records (06-13-2015 through 08-18-2015) found the worker was treated for injuries to the right shoulder, right knee, and right ankle. X-rays were taken of the right shoulder, right knee, and right foot. She complains of severe pain in the right shoulder, pain in her right knee with walking and bending, and pain in the right ankle and foot with walking. Pain interferes with most activities of daily living, and with her sleep. Her symptoms are relieved with pain medications. Examination of the right shoulder shows no evidence of deformity. The skin is intact without discoloration or evidence of atrophy in the shoulder girdle. Examination of the acromioclavicular joint reveals pain, but there is no step off deformity. There are complaints of pain to palpation over the bicipital groove and subacromial bursa. There are no complaints of pain in the right shoulder. Ranges of motion are normal in all planes. Impingement sign is negative. There is no decrease in motor strength of the shoulders. The knee has no deficits in range of motion and no complaints of pain with ranges of motion. The right ankle has normal stance and gait. Examination of the right ankle and foot reveals no evidence of deformity. The skin is intact and there is no swelling. There is tenderness to palpation over the lateral aspect of the right ankle. The right ankle has no deficits in range of motion, and there are no pain complaints. X-rays taken 07-27-2015 revealed arthritis in the acromioclavicular joints of both shoulders. X-rays of the right knee taken 07-27-2015 revealed arthritis in the right knee with narrowing of the medial compartment. X-rays of the right foot taken on the same date revealed calcaneal spurring in the right foot. A request for authorization was submitted for Physical

Therapy 2 times a week for 3 weeks, right shoulder right knee, and cervical spine. A utilization review decision on 09-14-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 3 weeks, right shoulder, right knee, and cervical spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, and 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 MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified; receive 9-10 visits over 8 weeks. In this case, the injured worker has previously participated in 12 physical therapy sessions and it is expected that she can continue with a self-paced, home-based exercise program at this point. The request for physical therapy 2 times a week for 3 weeks, right shoulder, right knee, and cervical spine is determined to not be medically necessary.