

Case Number:	CM15-0205564		
Date Assigned:	10/22/2015	Date of Injury:	12/06/2005
Decision Date:	12/04/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/20/2015

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: New Jersey

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 64 year old female, who sustained an industrial injury on 12-6-2005. The injured worker is undergoing treatment for: knee pain, low back pain, shoulder pain. On 10-5-15, she reported pain to the low back, right shoulder and right knee. She stated her pain had increased since her last visit. She rated her pain with medications as 8 out 10, and without medications 10 out of 10. Objective findings revealed spasm and tenderness in the low back, negative straight leg raise testing, positive neer and Hawkins testing of the shoulder, no crepitus in the knee, noted tenderness over the medial joint line of the right knee. There is no discussion of functional improvement with the already completed physical therapy. The treatment and diagnostic testing to date has included: medications, Kenalog injection of the right shoulder (5-21-15), completed multiple physical therapy sessions for the right shoulder, right knee and low back, cognitive behavioral therapy, TENS, right knee surgery and replacement (2013). Medications have included: Lidoderm patches, voltaren gel, dilaudid, and norco. Current work status: full time. The request for authorization is for: physical therapy services x 6 for the right knee and right shoulder. The UR dated 10-14-2015: non-certified the request for physical therapy services x 6 for the right knee and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy services for the right knee and right shoulder x6: 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 MTUS Chronic Pain Guidelines state that passive supervised physical therapy can provide short term relief during the early phases of pain treatment. However, the goal with physical therapy is to move away from passive and supervised methods and into active, home exercises as soon as able. The MTUS recommends that for general knee or shoulder complaints, up to 10 physical therapy visits over 8 weeks is reasonable, but with the option of fading frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercises. In the case of this worker, there was report of no change in symptoms over the past many months leading up to this request. A request for physical therapy at this point, many years after the injury, seems unnecessary without a clear and recent reinjury. Also, the worker did not report in the notes that she was performing any home exercises or stretches to help alleviate and strengthen her knees, lower back, and shoulders, and there was no reason explained for this. There was no evidence to suggest supervised physical therapy would be more effective than properly performed and regular home exercises/stretchers. Therefore, this request for 6 additional supervised physical therapy sessions will be considered medically unnecessary.