

Case Number:	CM15-0021901		
Date Assigned:	02/11/2015	Date of Injury:	12/05/2013
Decision Date:	04/02/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/04/2015

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: Arizona, California
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 44 year old female who sustained an industrial injury on 12/5/13. The injured worker reported symptoms in the right shoulder, back and left knee. The diagnoses included right shoulder tendonitis/impingement syndrome ruler out internal derangement, lumbar spine sprain/strain, rule out herniated disc and left knee arthroscopy. Treatments to date include status post left knee arthroscopy on 8/19/14, chiropractic treatment, physical therapy (Over 36 post-operative), and oral pain medications. In a progress note dated 9/30/14 the treating provider reports the "right shoulder reveals positive impingement test lumbar spine reveals 2+ tenderness and spasms over the paralumbar muscles, sacroiliac joint, sciatic notch and sacral base bilaterally. There is visible swelling in the left knee compared to the right." On 1/9/15 Utilization Review non-certified the request for Physical therapy for the left knee, right shoulder/upper extremity and lumbar, 2 times a week for 4 weeks. The MTUS, ACOEM Guidelines, (or ODG) was cited.

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 knee, right shoulder/upper extremity and lumbar, 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder Chapter Physical Therapy and Low Back Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee pain and physical therapy- pg 54.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They 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 following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ODG guidelines, therapy post surgically and for most cases is up to 12 weeks. In this case, the claimant received over 36 treatments after surgery. Therapy notes were not provided to indicate progress. There was no indication that additional therapy cannot be completed at home. The request for additional therapy is not medically necessary.