

Case Number:	CM15-0217504		
Date Assigned:	11/09/2015	Date of Injury:	02/05/2013
Decision Date:	12/28/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/04/2015

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: Texas, 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:

This is a 47 year old female patient, who sustained an industrial injury on 02-05-2013. The diagnoses include bilateral shoulder impingement, bilateral shoulder acromioclavicular joint arthrosis, right shoulder rotator cuff tendinosis and small partial thickness tear and left shoulder full thickness supraspinatus tear. Per the doctor's note dated 07-15-2015, she reported recent flare up of right knee pain with swelling, clicking, popping and catching of the knee. Objective findings showed tender patella facets and medial joint line of the right knee with range of motion of 0 to 120 degrees with pain at the end of range of flexion, positive effusion and swelling and pain with McMurray's testing. Treatment plan included right knee arthroscopy with chondroplasty and partial medial meniscectomy and noted that she would require post-operative physical therapy. Per the doctor's note dated 08-26-2015, she reported constant neck and bilateral shoulder and knee pain. Objective findings showed tender patellar facets and medial joint line of the right knee; right shoulder-flexion of 165 degrees, internal rotation of 65 degrees and external rotation of 75 degrees. Per the doctor's note dated 9/23/15, she had slight pain and swelling of the right knee status post arthroscopy on 09-17-2015. No subjective findings of the shoulders were documented. Objective findings (09-23-2015) included right knee incisions that looked good with no erythema or drainage and allergic reaction on the right thigh and knee area secondary to Betadine and right shoulder range of motion of 165 degrees to flexion internal rotation of 65 degrees and external rotation of 75 degrees. There were no objective findings of the left shoulder documented. The medications list includes hydrocodone, omeprazole and relaxen. She has undergone left shoulder surgery on 8/1/2013; right shoulder surgery on 1/29/15;

left knee surgery on 8/13/14; right knee surgery on 9/17/15. She had left shoulder MR arthrogram; right shoulder MRI, left knee MRI and right knee MRI. Treatment has included pain medication, physical therapy and injection. The number of sessions of physical therapy and evidence of objective functional improvement was not documented. The treatment plan included 6 sessions of physical therapy to work on range of motion but the body part to which therapy was to be applied was not listed in the report. The patient was noted not to require strengthening as range of motion was full. A utilization review dated 10-21-2015 modified a request for physical therapy 2 times per week for 3 weeks of the left shoulder to certification of physical therapy 2 times per week for 2 weeks of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times per week for 3 weeks of the left Shoulder: 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: Physical Therapy 2 times per week for 3 weeks of the left Shoulder. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided the patient had unspecified numbers of physical therapy sessions for the left shoulder. The detailed recent evaluation of the left shoulder with significant functional deficits is not specified in the records provided. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical Therapy 2 times per week for 3 weeks of the left Shoulder is not established for this patient at this time. The request is not medically necessary.