

Case Number:	CM15-0051815		
Date Assigned:	03/25/2015	Date of Injury:	01/19/2011
Decision Date:	05/01/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/18/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 67 year old female, who sustained a work/ industrial injury on 1/19/11. She has reported initial symptoms of left shoulder and bilateral knee pain. The injured worker was diagnosed as having osteoarthritis and sprain of knee/leg. Treatments to date included medication, surgery (left shoulder arthroscopy, subacromial decompression with acromioplasty and rotator cuff repair), knee injection, and physical therapy. Magnetic Resonance Imaging (MRI) of the left shoulder on 2/3/12 reported inflammation surrounding an area of fraying at the anterior supraspinatus enthesis but no cuff tear defect after repair, s/p acromial decompression. There is a small tear or strain of central deltoid fibers attaching to the acromion, and may be adhesive capsulitis. MRI of the right knee reported medial meniscal tearing with a possible limited undersurface extension. Currently, the injured worker complains of right shoulder pain. The treating physician's report (PR-2) from 3/5/15 indicated right shoulder pain. Exam revealed right shoulder cross-arm impingement. Drop-arm test was positive. Cuff strength is 4/5. Spurling's test was negative with axial neck pain. Assessment revealed still shoulder impingement with tendonitis. Treatment plan included continued Physical therapy for right shoulder and both knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Physical therapy for right shoulder and both knees #8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: This 67 year old female has complained of right shoulder and bilateral knee pain since date of injury 1/19/11. She has been treated with left shoulder surgery, injections, and physical therapy. The current request is for continued physical therapy for right shoulder and both knees, #8. It is unclear from the available provider documentation how many sessions of passive physical therapy the patient has received thus far. Per the MTUS guidelines cited above in the section Physical Medicine/ therapy, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. On the basis of the available medical documentation and per the MTUS guidelines cited above, continued PT for the right shoulder and both knees, #8 is not medically necessary.