

Case Number:	CM13-0036624		
Date Assigned:	12/13/2013	Date of Injury:	10/04/2007
Decision Date:	02/18/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52-year-old female who reported an injury on 10/04/2007. The patient is diagnosed with pain in a joint of the lower extremity and chondromalacia patella. The patient was seen by [REDACTED] on 08/29/2013. Physical examination revealed bicipital tenosynovitis of the right shoulder, positive impingement testing, decreased range of motion, and tenderness over the AC joint and in the bicipital groove. Treatment recommendations included physical therapy twice per week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Physical Therapy 2 times a week for 6 weeks to the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Physical Therapy.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can

alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. As per the clinical notes submitted, the patient has completed a previous course of physical therapy for the right knee. Documentation of a significant functional improvement following the initial course was not provided. Additionally, Official Disability Guidelines state treatment for chondromalacia patella includes 9 visits over 8 weeks. The current request for physical therapy twice per week for 6 weeks exceeds guideline recommendations. Based on the clinical information received, the request is non-certified.

Physical Therapy two times a week for six weeks for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Physical Therapy.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. Official Disability Guidelines state treatment for a sprained shoulder or impingement syndrome includes 10 visits over 8 weeks. While the patient does demonstrate positive impingement testing and decreased range of motion, the current request for physical therapy twice per week for 6 weeks exceeds guideline recommendations for a total duration of treatment. Based on the clinical information received, the request is non-certified.