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| Case Number: | CM14-0141900 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 07/30/2013 |
| Decision Date: | 10/10/2014 | UR Denial Date: | 08/20/2014 |
| Priority: | Standard | Application Received: | 09/02/2014 |

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/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 injured worker is a 30 year old woman who was reported to have had an industrial injury on 7/30/2013. She was seen on 4/11/2014 by an orthopedic specialist and at that time complained of knee and shoulder pain on the right. On examination, there was normal range of motion of the shoulder with a negative impingement sign. She had normal strength of the rotator cuff muscles. Examination of the knee revealed no valgus or varus stress, negative Lachman's sign and no effusion or tenderness. Imaging with MRI of the shoulder was reviewed, dated 8/20/2013 with moderate supraspinatus tendinosis without tear. Knee magnetic resonance imaging (MRI) dated 8/19/2013 revealed mild sprain of the anterior cruciate ligament. Medications included naproxen. Other treatments to date included physical therapy, activity modification, injections and bracing. She was seen on 5/23/2014 by the primary treating physician and was noted to state that naproxen was not helping. She complained of locking of the shoulder and knee on the right. Muscle relaxants helped for two to three hours. On examination, valgus and varus stress were normal, there was no effusion of the knee and Lachman's test was negative. Range of motion was normal and full. On examination of the shoulder, normal range of motion was noted along with a negative impingement test. Diagnostic impression was tendinosis of the supraspinatus muscle with shoulder pain and knee pain without major abnormality on magnetic resonance imaging (MRI), possible ACL ligament sprain. A request for physical therapy was submitted. On 6/3/2014, the patient underwent a comprehensive evaluation as part of a QME. She was noted to have right shoulder pain occasionally and knee pain, particularly with driving. On examination, the right shoulder exhibited pain in the bicipital groove with palpation and limited range of motion although strength was normal. Knee examination revealed a mild effusion with evidence of possible chondromalacia. A second MRI of the knee was referenced, dated 2/2014 that revealed no abnormalities, in particular, no meniscal injury or problems with chondromalacia.

The patient was considered permanent and stationary. It was noted that she underwent physical therapy without any improvement and in the opinion of the QME evaluator, there would be unlikely to be any benefit of further physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Two Times a Week for Six Weeks for the Right Shoulder and the Right Knee, Right Knee, Right Shoulder, Right Thigh: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee AND Shoulder, Physical Therapy / Physical treatment.

Decision rationale: The patient has already had physical therapy without much improvement per the available records. Although there are mild and intermittent symptoms in the knee and shoulder at this time, with specific activities such as driving for the former, the overall level of functional deficit is minimal and the patient should be well versed with home exercise. Further, the number of sessions completed, the improvement with those treatment sessions and progress with home exercise are not provided in records available. As such, the request for 12 Physical Therapy Two Times a Week for Six Weeks for the Right Shoulder and the Right Knee, Right Knee, Right Shoulder, Right Thigh is not medically necessary.