

Case Number:	CM14-0095342		
Date Assigned:	07/25/2014	Date of Injury:	11/01/2011
Decision Date:	09/19/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/23/2014

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 Physical Medicine and Rehabilitation 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 53-year-old female who reported an injury on 11/01/2011. The mechanism of injury was not provided within the documentation submitted for review. Her primary diagnosis was noted to be right knee pain. The injured worker is status post bilateral shoulder arthroscopy, left shoulder 2012, and right shoulder 2013, both with rotator cuff repairs. Past treatments were noted to be physical therapy and medications. On 07/17/2014, the injured worker had a clinical evaluation. The injured worker had symptomatic pain with weight bearing activities, achiness, stiffness, and pain that was radiating down into her lower leg. An MRI study of the right knee on 08/11/2012 showed degenerative signs of the lateral menisci, severe chondromalacia of the patella grade 4. The objective physical exam findings of the right knee confirm that range of motion was full. Tenderness to the medial compartment was noted, positive McMurray's, positive Apley's compression test, and trace effusion. There was positive patellofemoral crepitation and a positive grind test. The physical exam findings of the patient's bilateral shoulders revealed well-healed arthroscopic portals and incisions. Forward flexion and abduction of 170 degrees and internal rotation to L3. Manual muscle testing was 5/5. The treatment plan was for conservative modalities including icing, anti-inflammatories, and self-directed stretching and strengthening exercises. For the right knee, the recommendation was for an updated MRI. The provider's rationale for the request was not noted in this documentation submitted for review. A Request for Authorization form was not provided for this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy; (12) sessions (2 times a week for 6 weeks), bilateral shoulders: Upheld

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

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

Decision rationale: The request for Physical therapy; twelve (12) sessions (2x6), bilateral shoulders are not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend physical medicine. 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual, and/or tactile instruction. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The Physical Medicine Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. According to the objective physical findings, the injured worker does not have functional deficits. The range of motion and muscle strength are not significant to warrant additional physical therapy. In addition, the request for 12 sessions is in excess of the Guideline recommendation for up to 10 visits. Therefore, the request for physical therapy; twelve (12) sessions (2x6), bilateral shoulders are not medically necessary.