

<b>Case Number:</b>	CM14-0212839		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	11/01/2012
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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 59 years old female patient who sustained an injury on 11/1/2012. She sustained the injury due to tripped and fell onto her right knee and right shoulder. The current diagnoses include right shoulder pain status post arthroscopic repair, severe osteoarthritis of right shoulder, bilateral knee pain with severe osteoarthritis of the right knee, localized low back pain and pain at the MCP joint of the right hand. Per the doctor's note dated 1/20/2015, she had complaints of right shoulder pain, right knee pain, right hand pain and low back pain. The physical examination revealed right shoulder- tenderness at the anterior joint, abduction and forward flexion 140 degrees and decreased internal rotation; right knee- mild tenderness and mild crepitus, range of motion 0 to 100 degrees; lumbar spine- tenderness in paraspinal muscles and slightly decreased range of motion; antalgic gait. The medications list includes tramadol and celebrex. She has had right knee MRI dated 3/27/2014 which revealed chronic ACL tear and medial compartment arthritis. She has undergone right shoulder arthroscopy on 4/18/2013. She has had 52 physical therapy visits and right knee injection for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve additional sessions of Physical Therapy (2x6) plus one for the right knee: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

**Decision rationale:** The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. He has had 52 physical therapy sessions for this injury. Therefore, the requested additional visits in addition to the previously rendered physical therapy sessions are more than recommended by the cited criteria. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visit notes are not specified 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 twelve additional sessions of Physical Therapy (2x6) plus one for the right knee is not established.