

Case Number:	CM15-0114967		
Date Assigned:	06/23/2015	Date of Injury:	02/15/2011
Decision Date:	07/22/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/15/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56-year-old female sustained an industrial injury to the left shoulder and left knee on 10/26/11. Documentation did not disclose previous treatment. In the only PR-2 submitted for review, dated 5/13/15, the injured worker complained of continued left knee pain exacerbated by repetitive activities and left shoulder pain with radiation down the arm into the fingers. The physician noted that x-rays of the left knee, tibia, shoulder and humerus showed no increase of osteoarthritis. No physical exam was documented. Current diagnoses included scapulothoracic bursitis, shoulder joint pain and other joint derangement. The injured worker was dispensed medications (Norco, Cyclobenzaprine, Diclofenac Sodium, Tramadol and Protonix). The treatment plan included physical therapy three times a week for four weeks for the left knee and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 3 x 4 Left Knee: 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) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in October 2011 and continues to be treated for left knee and radiating left shoulder pain. When seen, she was having progressive pain. X-rays were obtained without change in osteoarthritis. Medications were prescribed and physical therapy was requested. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise a home exercise program. The request is not medically necessary.

PT 3 x 4 Left Shoulder: 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) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in October 2011 and continues to be treated for left knee and radiating left shoulder pain. When seen, she was having progressive pain. X-rays were obtained without change in osteoarthritis. Medications were prescribed and physical therapy was requested. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise a home exercise program. The request is not medically necessary.