

Case Number:	CM15-0116401		
Date Assigned:	06/24/2015	Date of Injury:	01/16/2015
Decision Date:	07/23/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/16/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old male who sustained an industrial injury on 1/16/15. Diagnoses include status post right knee arthroscopy, low back pain/lumbar sprain, and right shoulder subacromial impingement. MRI of the lumbar spine done 1/23/15 shows a left L3-4 disc protrusion, S1 is lumbarized, and there is a degenerative disc at L5-S1 with a protrusion on the right near the right S1 nerve root. The MRI of the right shoulder done 1/23/15 shows subacromial tendinitis, partial thickness, with no full thickness rotator cuff tear. An operative report dated 4/13/15 notes a diagnosis of torn meniscus with the procedure listed as a knee arthroscopy. In a progress note dated 5/19/15, the treating physician reports his knee is coming along slowly. He also has low back pain with decreased extension and right shoulder pain with a slight decrease in range of motion. Right knee degenerative changes noted. Work status is that he can return to modified work on 5/26/15 4 hours a day with restrictions. He is not permanent and stationary. Previous treatment includes Advil, Soma, Voltaren, home exercise program, and at least 12 physical therapy sessions. In a physical therapy progress note dated 3/4/15, improved lower back pain since the last visit is noted along with a complaint of right lumbar and buttock pain/soreness, with the assessment that the injured worker is responding favorably to treatment with decreased overall symptoms. The requested treatment is to continue physical therapy for the right shoulder, 3 times a week for 4 weeks (12 sessions), continue physical therapy for the low back, 3 times a week for 4 weeks (12 sessions), and continue physical therapy for the right knee, 3 times a week for 4 weeks (12 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue physical therapy for right shoulder, 3 times a week for 4 weeks (12 sessions):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Review indicates the patient has received at least 18 PT sessions for the shoulder. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received previous therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Continue physical therapy for right shoulder, 3 times a week for 4 weeks (12 sessions) is not medically necessary and appropriate.

Continue physical therapy for low back, 3 times a week for 4 weeks (12 sessions): 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 Physical Therapy, pages 98-99.

Decision rationale: Review of reports indicates the patient has received at least 12 authorized PT visits for the low back. There is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with

fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Continue physical therapy for low back, 3 times a week for 4 weeks (12 sessions) is not medically necessary and appropriate.

Continue physical therapy for right knee, 3 times a week for 4 weeks (12 sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee chapter.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient is s/p knee arthroscopy with meniscectomy on 4/13/15 and has received 24 PT visits (12 post-op sessions). Current exam showed functional knee range of 1-120 degrees without neurological deficits. The Chronic Pain Guidelines, post-operative therapy allow for 12 visits over 12 weeks for arthroscopic debridement and meniscectomy over a postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria. The patient's arthroscopy is without documented functional limitations, post-operative complications, or comorbidities to allow for additional physical therapy. There is reported functional improvement from treatment of the authorized PT visits already rendered to transition to an independent home exercise program. The request to continue physical therapy for right knee, 3 times a week for 4 weeks (12 sessions) is not medically necessary and appropriate.