

<b>Case Number:</b>	CM15-0123605		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	11/08/2011
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: Emergency Medicine

### 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 58-year-old female who reported industrial injuries on 11/8/2011 with symptoms of left shoulder and bilateral knee pain. She is diagnosed with bilateral knee contusion with chronic, sprain/strain, internal derangement; and, left shoulder pain, rotator cuff tear impingement, status post-surgery 7/24/2014. Treatment has included left shoulder arthroscopic rotator cuff debridement, open biceps tenodesis, physical therapy, aquatic physical therapy, ice, in home exercise, TENS unit, and a one month trial of H-Wave treatment. She has reported minor improvements in pain and mobility from treatments. The injured worker continues to report left shoulder and bilateral knee pain, poor sleep, anxiety, and depressed mood. The treating physician's plan of care includes 12 sessions of physical therapy and chronic pain psychological consultation. Work status at present is modified duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT 2 Times A Week Bilateral Knees and Left Shoulder Qty 12: 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:** As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented at least 15 prior PT sessions was completed and had reported subjective improvement. The provider has failed to document any objective improvement from prior sessions or appropriate rationale as to why additional PT sessions are necessary. Objective improvement in strength or pain is not appropriately documented. There is no documentation if patient is performing home directed therapy with skills taught during PT sessions. There is no documentation as to why home directed therapy and exercise is not sufficient. Documentation fails to support additional PT sessions. Maximum number of sessions recommended by guidelines is 10 sessions. Patient has already exceeded guidelines. Additional 12 physical therapy sessions are not medically necessary.

**Consultation with A Psychologist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23-24.

**Decision rationale:** As per MTUS guidelines, behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. Patient has chronic pain and has come complaints consistent with anxiety and pain. Consultation with a psychologist is medically necessary.