

<b>Case Number:</b>	CM15-0124637		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	09/15/2012
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 56 year old male who sustained an industrial injury on 9/15/12 to the right knee from a fall and continuous trauma to the shoulders, low back and right knee from 4/12/81 through 5/14/13. After the 9/15/12 accident, he was medically evaluated, x-rayed (right knee) and given a knee brace. He then saw an orthopedist who had MRI of the right knee done and diagnosed with a torn meniscus. He had physical therapy, which provided relief. He was recommended for surgery but developed cardiac issues He currently complains of pain in the right shoulder with occasional popping and clicking with decreased range of motion and pain intensity that varies from 2-7/10; left shoulder pain with occasional popping and clicking, limited range of motion and pain level from 3-4/10 to 8-9/10; low back pain with radiation into the right buttock and thigh; right knee pain with popping and clicking and the knee gives out on him and limited range of motion. On physical exam there was full range of motion of cervical spine but pain with range of motion of shoulders; positive bilateral O'Brien's bilaterally; medial joint line tenderness of the right knee. Medications were Vicodin, OxyContin. Diagnoses include right shoulder impingement; left shoulder subacromial calcific tendinitis; mild lumbar degenerative disc disease; medial meniscal tear; bilateral knee osteoarthritis. Treatments to date include right knee injection X3 with significant improvement; physical therapy for the shoulders, back and knee. Diagnostics include electrodiagnostic test of the lower extremity (9/5/13) negative; MRI of the right knee (10/8/12) showing oblique posterior horn tear; MRI of the right knee (9/19/13) median meniscal tear. In the progress note dated 5/4/15, the treating provider's plan of care includes proceeding with surgery once he is cleared and to continue with physical therapy. The provider is requesting 12 sessions of physical therapy for the two shoulders and right knee.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve additional physical therapy visits for the right knee and bilateral shoulders:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-59.

**Decision rationale:** The MTUS Chronic Pain Management Guidelines (pg 58-59) do not indicate that manual therapy and manipulation are recommended as options in chronic knee or shoulder pain. At this point, the patient appears to be imminently facing operative intervention for orthopedic issues. Without strong evidence for physical therapy being beneficial in chronic cases of knee and shoulder pain and with little likelihood that additional sessions will result in functional improvement, medical necessity of physical therapy cannot be justified as any greater than a home exercise program emphasizing education, independence, and the importance of on-going work to maintain strength and range of motion in preparation for surgery.