

Case Number:	CM15-0126388		
Date Assigned:	07/10/2015	Date of Injury:	07/20/2012
Decision Date:	08/06/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/30/2015

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:

The injured worker is a 57-year-old male, who sustained an industrial injury on 7/20/12. The injured worker was diagnosed as having tendinitis and impingement syndrome of bilateral shoulders, medial meniscus tears of bilateral knees, probable chondromalacia of bilateral knees, and sprain/strain of bilateral ankles. Treatment to date has included injections to the left heel and left shoulder and medication. Physical examination findings on 4/30/15 included bilateral tenderness to palpation over the greater tuberosity and pain was present with Hawkin's and Neer's maneuvers. Tenderness to palpation over the patellofemoral compartments and medial lines bilaterally was noted. Pain with McMurray's maneuver was also noted bilaterally. Currently, the injured worker complains of pain in bilateral shoulders, knees, and feet. The treating physician requested authorization for physical therapy 2x4 for bilateral shoulders, knees, and feet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for four weeks for the bilateral shoulder, knees, and feet: Upheld

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

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 injury in July 2012 and continues to be treated for bilateral shoulder, knee, and foot pain. When seen, the claimant reported not having previously had physical therapy. Prior treatments had included medications and injections. Physical examination findings included a BMI of over 33. There was decreased shoulder range of motion with tenderness. Impingement testing was positive on the left side. There was knee joint tenderness and crepitus bilaterally with decreased range of motion and an effusion on the left. Patellar compression and McMurray's testing was positive bilaterally. There was tenderness over the plantar fascia and Achilles tendon bilaterally. Authorization for eight sessions of 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 determine whether continued physical therapy was likely to be effective. The request was not medically necessary.