

<b>Case Number:</b>	CM15-0126647		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	06/21/2013
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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 25 year old female who sustained an industrial injury on 6/21/13 when she fell backwards from a squatting position landing on her left knee. She had immediate pain in the left knee, ankle and low back. She was medically evaluated and had an MRI and x-ray of the left knee. She was given Norco, naproxen and ibuprofen. In 12/13, her left knee gave out causing her to fall back onto her left arm and had immediate pain in the left knee and shoulder. She currently complains of stabbing left shoulder pain (7-8/10) that radiates into her neck, weakness in her left hand causing her to drop things; increasing left knee pain (9/10) and knee gives out when walking with popping. She has sleep difficulties. On physical exam of the left shoulder there was tenderness on palpation over the lateral acromion, Neer's and Hawkin's tests were positive; left knee revealed tenderness on palpation over the medial patellar facet and medial joint line, Murray's and anterior/ posterior Drawer were positive. In the progress note dated 5/28/15 there has been 0% improvement in left shoulder and left knee. Medications were Norco, Relafen, Elavil, Prilosec, Ambien, Senna. Diagnoses include left shoulder impingement/ bursitis; left knee patella-femoral syndrome; left sided sacroiliitis; lumbago; left ankle pain. Treatments to date include medication; rest; ice; transforaminal epidural steroid injections left L4-5 (2/18/15,8/6/14) with 20% relief for 3-4 days; chiropractic treatments for 16 sessions that increased pain; acupuncture, 16 sessions offering 20% pain relief; 16 sessions of physical therapy with no relief (per progress note 4/30/15). Diagnostics include MRI left shoulder (5/4/15) mild to moderate rotator cuff tendinosis; MRI left knee (4/28/15) with discoid lateral meniscus, small joint effusion; MRI left knee (11/13/13) with degenerative changes; electromyography of the bilateral lower extremities (3/20/14) normal. In the progress note dated 5/28/15 the treating provider's plan of care included requests for physical therapy twice per week for six weeks for left shoulder impingement bursitis, left knee pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Physical Therapy, Left Shoulder, 2 times wkly for 6 wks, 12 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**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 June 2013 and continues to be treated for left shoulder and left knee pain. When seen, there had been completion of 12 physical therapy treatments with no relief and only temporary relief with six acupuncture treatments. Physical examination findings included positive impingement testing and decreased and painful left shoulder range of motion. There was lateral acromion tenderness. There was decreased left knee range of motion with medial patellar and joint line tenderness. McMurray's testing, Lachman testing, and anterior/posterior drawer testing was positive. There was normal strength and sensation. The claimant is being treated for chronic pain with no new injury and has already had physical therapy without benefit. 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 physical therapy was likely to be more effective than when provided previously. The request is not medically necessary.

### **Physical Therapy, Left Knee, 2 times wkly for 6 wks, 12 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**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 June 2013 and continues to be treated for left shoulder and left knee pain. When seen, there had been completion of 12 physical therapy treatments with no relief and only temporary relief with six acupuncture treatments. Physical examination findings included positive impingement testing and decreased and painful left shoulder range of motion. There was lateral acromion tenderness. There was decreased left knee range of motion with medial patellar and joint line tenderness. McMurray's testing, Lachman testing, and anterior/posterior drawer testing was positive. There was normal strength and sensation. The claimant is being treated for chronic pain with no new injury and has already had physical therapy without benefit. 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 physical therapy was likely to be more effective than when provided previously. The request is not medically necessary.