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| Case Number: | CM15-0172621 | | |
| Date Assigned: | 09/22/2015 | Date of Injury: | 11/08/2013 |
| Decision Date: | 11/04/2015 | UR Denial Date: | 08/13/2015 |
| Priority: | Standard | Application Received: | 09/01/2015 |

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:

This is a 64 year old male with a date of injury of 11-8-13. A review of the medical records indicates that the injured worker is undergoing treatment for left shoulder and right knee pain. Progress report dated 7-27-15 reports condition unchanged since the last visit. The right knee and low back are the most bothersome with pain rated 7 out of 10. He has pain and weakness in the right knee with walking. He has persistent left shoulder tightness. He reports completing physical therapy with only slight benefit. Upon exam, the left shoulder had slight tightness, active abduction 160, negative drop test and negative impingement. The right knee has slight diffuse tenderness, range of motion 1-135 and no laxity. Work status: temporarily totally disabled for 6 weeks. Treatments include: medication, injections, physical therapy and left shoulder surgery. According to the medical records he had physical therapy 4 session for right knee (2013) with no benefit and a course of physical therapy after left shoulder surgery (2014) with benefit. Request for authorization dated 7-27-15 was made for physical therapy for the right knee and left shoulder 12 visits 2 times per week for 6 weeks. Utilization review dated 8-13-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Right Knee and Left Shoulder, 12 Visits, Two (2) Times a Week for Six (6) Weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Knee & Leg, Physical Medicine Treatment; Shoulder, Physical Therapy.

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 November 2013 when, while walking over of metal grate he fell into a whole twisting his right knee and injuring his left shoulder and low back. In March 2014, he underwent an anterior cruciate ligament repair with meniscectomy, chondroplasty, and synovectomy. He underwent arthroscopic left shoulder surgery in August 2014 for the repair of a complete rotator cuff tear. He had physical therapy after surgery with some benefit. In June 2015 he was referred for 12 sessions of physical therapy. He began therapy and as of 07/20/15 was performing exercises correctly without complaints of pain. When seen by the requesting provider one week later he had completed physical therapy treatments. There had been only slight benefit. Physical examination findings included active shoulder abduction to 160 degrees. There was slight diffuse right knee tenderness. Authorization was requested for another 12 sessions of physical therapy. The claimant is being treated for chronic pain with no new injury and had completed physical therapy treatments one week before when additional therapy was requested. In this case, the number of visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program and there had been only slight benefit from the treatments that had been provided. It does not reflect a fading of skilled therapy treatments. The request is not medically necessary.