

<b>Case Number:</b>	CM15-0173033		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	12/24/2014
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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 26 year old female who sustained an industrial injury on 12-24-2014. Diagnoses include sprain of the shoulder-arm, and bilateral knee patellofemoral contusion. A physician progress note dated 08-11-2015 documents the injured worker notes increased pain in her left knee over the past two weeks. She has been doing well with lifting without shoulder complaints. She pain is rated 10 out of 10. On examination, her bilateral shoulders have no tenderness to palpation and motor strength is 5-5. Her right knee reveals no effusion but mild medial joint line tenderness. Her left knee has moderate tenderness greatest over the patellar tendon and anterolateral joint space. There is mild tenderness of the medial joint line. Her shoulders have improved, right knee symptoms are mild and she continues to have left knee pain. On 07-08-2015 a progress note documented she has ongoing pain in the left shoulder and it occurs while doing any reaching. She has tenderness to the left subacromial, anterior and biceps, range of motion is normal and muscle strength is in normal range. Her bilateral knees have a normal range of motion. An unofficial report of knee x rays was normal. Treatment to date has included diagnostic studies, medications, heat and moist pad, and knee sleeve. She is working modified duty. She takes Ibuprofen. No physical therapy reports were found in documentation submitted for review. On 08-18-2015, the Utilization Review modified the requested treatment of outpatient physical therapy to left shoulder 2 times a week for 4 weeks to outpatient physical therapy to the left shoulder for 6 sessions.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Outpatient physical therapy to left shoulder 2 times a week for 4 weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in December 2014 when she was not forward by a door landing on her knees and hands. When seen, she had not had physical therapy. She was having left shoulder pain with reaching and bilateral knee pain with crepitus. She was using a patellar stabilizing knee brace. Physical examination findings included left shoulder tenderness. There was left knee crepitus. Diagnoses were a left shoulder strain and bilateral patellofemoral contusions. She was referred for physical therapy. In terms of physical therapy for the claimant's shoulder, guidelines recommend up to 10 treatment sessions over 8 weeks. In this case, the claimant has not had prior physical therapy. The number of initial visits requested is within the guidelines recommendations and is considered medically necessary.