

Case Number:	CM15-0177205		
Date Assigned:	09/17/2015	Date of Injury:	02/25/2015
Decision Date:	10/20/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/09/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old female worker who was injured on 2-25-2015. The medical records indicated the injured worker (IW) was treated for bilateral shoulder rotator cuff tendinitis and bursitis, status post bilateral shoulder arthroscopy; bilateral wrist tenosynovitis; and bilateral knee sprain and strain. An operative report dated 2-26-15 indicated the IW had right shoulder arthroscopy for rotator cuff repair. The progress notes (6-10-15 to 8-5-15) indicated the IW's pain was stable. She had intermittent moderate right shoulder pain; she stated her strength and range of motion was improving with physical therapy (PT). Medications were Nabumetone 750mg and Omeprazole 20mg. She had four sessions of PT as of 6-10-15, according to the notes, and she was allowed modified work duty. The physical examination (6-10-15 to 8-5-15-15) remained unchanged. Tenderness and spasms were present in the bilateral trapezius muscles and supraspinatus weakness test was positive bilaterally. The bilateral wrists were diffusely tender with Tinel's sign mildly positive. The medial and lateral joint lines were tender to palpation in the bilateral knees and medial collateral ligament laxity was positive on the right. A Request for Authorization was received for physical therapy twice a week for four weeks for the bilateral shoulders, wrists and knees. The Utilization Review on 8-25-15 non-certified the request for physical therapy twice a week for four weeks for the bilateral shoulders, wrists and knees due to lack of clinical indications for treatment of the knees and wrists and needed clarification of the total number of PT sessions for the shoulders completed to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week for 4 weeks bilateral shoulders/wrist/knees: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004, and Knee Complaints 2004, and Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy 2 times per week for 4 weeks bilateral shoulders/wrist/knees is not medically necessary and appropriate.