

Case Number:	CM15-0095278		
Date Assigned:	05/21/2015	Date of Injury:	12/26/2011
Decision Date:	06/29/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/18/2015

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: Preventive Medicine, Occupational Medicine

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 55-year-old female, who sustained an industrial injury on 12/26/11. She reported right shoulder injury. The injured worker was diagnosed as having left foot/first toe sprain, rotator cuff tear, left knee meniscus tear and right arm radiculopathy. Treatment to date has included physical therapy, right shoulder arthroscopy, oral medications including Motrin and home exercise program. (MRI) magnetic resonance imaging of right shoulder was performed on 3/14/12 and 8/17/13; (MRI) magnetic resonance imaging of cervical spine was performed on 11/20/12 and (MRI) magnetic resonance imaging of right knee was performed on 3/14/12. Currently, the injured worker complains of continued right shoulder pain which is worsening, described as constant aching and intermittent sharp pain with radiation to right side of neck and down to right elbow and forearm, it is aggravated by any motion of the shoulder pain to left shoulder worse with movement and pain to both knees unchanged. Physical exam noted tenderness to palpation of anterolateral border of the right acromion, well-healed scar over the anterolateral border of left acromion, over the long head of the biceps and right and left effusion. Physical exam of left knee noted tenderness to palpation about the medial aspect and over the medial joint line with presence of a well-healed surgical scar. Physical exam of left foot noted mild swelling over the arch and heel of the left foot with tenderness over the plantar fascia, first metatarsophalangeal joint tenderness and painful motion of the first toe. Decreased range of motion of the cervical spine was noted with tenderness of the cervical and paraspinous muscles and the spinous processes. A request for authorization was submitted for surgical assistant, post-operative therapy and (MRI) magnetic resonance imaging of right knee and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the left shoulder, three times a week for four weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. In addition, California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone 24 sessions of physical therapy. During the previous physical therapy sessions, the patient should have been taught exercises which are to be continued at home as directed by MTUS. Additional physical therapy is not medically necessary. Patient has attended the maximum allowable number of sessions of physical therapy allotted by the MTUS. Physical Therapy for the left shoulder, three times a week for four weeks is not medically necessary.

MRI of right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines state that an MRI of the knee is indicated if internal derangement is suspected. No red-flag indications are present in the medical record. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. MRI of the right knee is not medically necessary.