

Case Number:	CM15-0096349		
Date Assigned:	05/26/2015	Date of Injury:	08/09/2012
Decision Date:	06/30/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/19/2015

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 55 year old female who sustained an industrial injury on 8/9/12 involving a twisting injury to her right knee. She felt a popping sensation in the right knee and increasing pain and swelling. She was medically evaluated and referred to orthopedic surgeon. An MRI showed medial and lateral meniscal tears as well as degenerative arthritis tricompartmental. On 12/10/12 she had arthroscopic debridement of both meniscal of the right knee. She did not do well and required steroids and Synvisc injections for pain management. She compensated with her left knee resulting in the need for arthroscopic surgery on 8/19/13. She currently has intermittent left knee pain, ongoing dull, achy left shoulder pain over the anterior aspect that radiates into the lateral aspect of the forearm and hand. There is locking of the left shoulder. The pain is relieved with rest. In addition, there is pain in the posterior aspect medially of the right knee but no buckling or locking. On physical exam there is improved range of motion of the left knee; left shoulder is tender on anterior and lateral aspect, pain with forward flexion and abduction. Empty Can, Neer and Hawkins tests are positive. She has difficulty with stairs, getting out of chairs and other high demand weight bearing activities and she uses her left shoulder to help achieve these activities resulting in shoulder pain. She has difficulty sleeping due to pain. Her activities of daily living are limited in the areas of female hygiene, dressing, and overhead lifting due to restricted range of motion of the left shoulder. She uses a cane and crutches for ambulation. Medication is oxycodone. Diagnoses include osteoarthritis of the right knee; patellofemoral arthritis left knee, early tricompartmental arthritis, status post left total knee arthroplasty; frozen shoulder, adhesive capsulitis; left acromioclavicular arthritis with

impingement, rule out rotator cuff tear. Treatments to date include medication, heel lift, physical therapy, rest, ice, crutches. Diagnostics include x-ray of the left knee showing well-positioned and well-fixed left total knee arthroplasty. In the progress note dated 3/17/15 the treating provider's plan of care includes physical therapy left knee for increasing range of motion. On 4/14/15 Utilization Review reviewed requests for physical therapy 2X6 and treatment for the left shoulder.

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 6 weeks (12 sessions), body part not specified:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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 August 2012 and continues to be treated for knee pain. She underwent a left total knee replacement. When seen, she was nearly 8 months status post surgery. Her range of motion was slowly improving. She was having ongoing left shoulder pain. Physical examination findings included decreased knee range of motion. There was left shoulder tenderness and pain with range of motion. Impingement testing was positive. Authorization for additional physical therapy was requested. Additionally, authorization to add the claimant's left shoulder problem for treatment under her worker's compensation claim was requested. The claimant's surgery was more than 6 months ago. The claimant is being treated for chronic pain. There is no new injury. 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 would be needed to revise her home exercise program. The request is not medically necessary.

Treatment of left shoulder: 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), Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): Chapter 4, Causality.

Decision rationale: The claimant sustained a work injury in August 2012 and continues to be treated for knee pain. She underwent a left total knee replacement. When seen, she was nearly 8 months status post surgery. Her range of motion was slowly improving. She was having ongoing

left shoulder pain. Physical examination findings included decreased knee range of motion. There was left shoulder tenderness and pain with range of motion. Impingement testing was positive. Authorization for additional physical therapy was requested. Additionally, authorization to add the claimant's left shoulder problem for treatment under her worker's compensation claim was requested. In terms of this request, there is no specific treatment being requested. The determination would be made by the adjuster in the case and is not medically necessary or appropriate for this type of review.