

Case Number:	CM13-0011752		
Date Assigned:	01/03/2014	Date of Injury:	11/02/2011
Decision Date:	03/19/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54-year old patient with a date of injury of 11/02/11. She injured her right arm/shoulder while reaching for a towel, and making a turn motion to walk away. She was diagnosed with a right shoulder strain, and had conservative care for several months, including 20 sessions of PT. Her course of recovery was complicated by the development of adhesive capsulitis, but by 10/24/12 she was determined to have reached maximal medical improvement and was made permanent and stationary. She had achieved 130 degrees of elevation at the right shoulder. The treating physician did allow for future medical care, and noted that he expected additional slow improvement over the next 2-5 years. The patient disagreed with this doctor's opinion, and initiated care with a new doctor on 12/13/12. At that point, additional care for both the shoulder and knee were provided. MRI of both body parts were done and did not reveal findings of internal derangement. Submitted reports from the new treating physicians indicate that the patient improved with PT, but do not really specify how much additional PT was completed. A PT report in July of 2013 notes that the patient had achieved 165 degrees of flexion/abduction at the shoulder with 4+/5 strength, and 0-134 degrees of right knee ROM with 4+/5 strength. Continued PT was being requested, and this was sent to Utilization Review. Additional PT was not recommended on 8/02/13 and 8/29/13. A "compound care unit" was also not recommended in UR. None of the PTP reports discuss what this device is or give clinical details of why it is needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Compound Care Unit for the right shoulder and knee: 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 Section Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Shoulder, Knee: Physical Medicine Treatment

Decision rationale: It is unclear what kind of device this "home compound care unit" is, what it is for, or why it is needed. None of the submitted reports discuss this DME, or explain what it is. At this juncture, the employee has had extended physical medicine services for a shoulder and knee injury that were not complex and did not require surgery. Total number of sessions of PT are not disclosed, but are well over 24. The employee had excellent ROM and strength at both the knee and shoulder and there is no medical necessity for any further treatment other than a simple home exercise program.

Continued Physical Therapy for the right shoulder and knee 2 x 3: 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 Section Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Shoulder, Knee: Physical Medicine Treatment

Decision rationale: At this juncture, the employee has had extended physical medicine services for a shoulder and knee injury that were not complex and did not require surgery. Total number of sessions of PT are not disclosed, but are well over 24, which far exceeds guideline recommendations for both body parts. The employee had excellent ROM and strength at both the knee and shoulder and there is no medical necessity for any further skilled PT versus doing a self-directed home exercise program at this juncture.