

Case Number:	CM13-0018617		
Date Assigned:	10/11/2013	Date of Injury:	01/07/2013
Decision Date:	10/08/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/30/2013

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. The expert reviewer is Board Certified in Physical Medicine and 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 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/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 74-year-old female with a date of injury of 1/17/13. The mechanism of injury occurred as a result of a fall from stairs, about 10 feet. She did not lose consciousness but injury was sustained to her head. She injured her neck, right shoulder, right knee/leg, head, and facial area. It was noted she had surgery 1/30/13 for displaced tibial plateau fracture, right leg, medially. A UR dated 2/12/13 modified a request to allow the patient a home health care-home health aide 5 days a week for 12 hours a day for 3 weeks. A UR on 6/17/13 certified 12 sessions of post-op physical therapy for an anticipated manipulation under anesthesia of the right shoulder. Additionally, a recommendation was given to non-certify the request for home care as it was noted that the patient was about five months s/p surgery with no evidence of a homebound situation. On 8/12/13 she reported right shoulder and right knee pain. It is noted that the portions of this report are handwritten and illegible. Examination appeared to indicate restricted range of motion of the right shoulder. The diagnostic impression is right shoulder internal derangement, and right knee/leg surgery. Treatment to date: physical therapy, surgery, medication management. A UR decision dated 8/19/13 denied the request for physical therapy 2x6 for the right LLE and right shoulder. The request for physical therapy for the right lower extremity and right shoulder was denied because the patient has already participated in post-op physical therapy. The medical records do not establish the total number of physical therapy sessions that the patient has completed pertaining to the right lower extremity and the right shoulder. This is important information when considering whether additional treatment would be warranted. Furthermore, the records do not establish evidence of functional improvement as a result of the previously rendered treatment. In the absence of functional improvement, an extended course of care would not be recommended. On 8/12/13, the patient demonstrated only limited range of motion of the right shoulder. This finding alone would not be an indication to have the patient

participate in extensive care. Instead the focus for this patient should be placed on active participation in an independently applied home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X6 - RIGHT LLE, RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114 Official Disability Guidelines (ODG) Knee and Leg Chapter Physical Medicine , Shoulder Chapter

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. The postsurgical treatment guidelines apply to visits during the postsurgical physical medicine period only and to surgeries defined in these guidelines. At the conclusion of the postsurgical physical medicine period, treatment reverts back to the applicable 24- visit limitation for chiropractic, occupational and physical therapy. Guideline recommendation for post-op physical therapy for knee fracture of tibia and fibula recommends 12 - 18 visits over 8 weeks and post-surgical treatment (ORIF) is 30 visits over 12 weeks. However, the patient had surgery on her right knee on 1/30/13. The medical records do not specify how many post-op physical therapy sessions she completed. The records do not include any subjective or objective findings of functional benefit due to the PT sessions. Guideline recommendation for post-op shoulder repair is 24 visits over 14 weeks. However, on 6/17/13, a UR certified 12 sessions of post-op PT sessions for an anticipated under anesthesia for the right shoulder. It is unclear at this time if the patient has utilized the 12 sessions for her right shoulder. With the limited information given in the submitted records, it is unclear how many physical therapy sessions the patient has completed for both the right lower extremity and the right shoulder. Therefore, the request for Physical Therapy 2x6 for Right LLE, and Right Shoulder was not medically necessary.