

Case Number:	CM13-0065133		
Date Assigned:	03/26/2014	Date of Injury:	05/21/2012
Decision Date:	06/13/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/12/2013

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 Orthopedic Surgery 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:

The claimant is a 54-year-old female who injured the left knee and left shoulder on 05/21/12. The records provided for review documented that the claimant was status post a 10/21/13 left knee arthroscopy. Clinical records pertaining to the left shoulder document that previous treatment included two corticosteroid injections, medical management, activity restrictions and physical therapy. An 11/04/13 progress report noted continued left shoulder complaints and that examination showed positive impingement and 4+/5 strength with abduction and forward flexion. The records for review did not contain any imaging reports for the claimant's left shoulder. The recommendation was made for surgical arthroscopy given the claimant's failed conservative care. The records also recommended 12 additional sessions of formal physical therapy for the claimant's left knee. There was no documentation regarding any postoperative physical therapy since the time of the claimant's 10/21/13 surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER ARTHROSCOPY: 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 Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

Decision rationale: Based on California MTUS ACOEM Guidelines, surgical arthroscopy for the claimant's shoulder would not be indicated. This individual presents with impingement. There is no documentation of formal imaging for review to confirm or refute a surgical lesion or diagnosis that would benefit from surgery. Without documentation of formal imaging to the shoulder, there would be no clear indication for need of surgery. Therefore, the requested left shoulder arthroscopy is not medically necessary at this time.

PHYSICAL THERAPY FOR THE LEFT KNEE TIMES 12 SESSIONS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine..

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, 12 sessions of physical therapy would be recommended as medically necessary. This request was made within three weeks of the claimant's surgical arthroscopy of the knee. There is no documentation that the claimant has received any prior postoperative physical therapy to date. The Postsurgical Guidelines recommend 12 therapy visits over 12 weeks following this surgery. The request for 12 sessions of therapy would be supported by the Postsurgical Guidelines.