

Case Number:	CM14-0006972		
Date Assigned:	04/30/2014	Date of Injury:	02/26/2008
Decision Date:	06/10/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/15/2014

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:

The injured worker is a 43-year-old female who reported an injury on 02/26/2008. The mechanism of injury was not provided for review. The injured worker ultimately underwent surgical intervention of the shoulder in 06/2013, followed by an undetermined number of postoperative physical therapy visits. The injured worker was evaluated on 12/06/2013. It was documented that the injured worker had pain on the right shoulder, radiating into the lower extremity with right-sided pain of the right knee and right ankle and low back, rated at a 5/10. Physical findings included difficulty standing from a sitting position; a slow and guarded gait; and tenderness to palpation of the right shoulder, lumbosacral spine, sciatic notch, right ankle and right knee. The injured worker had a positive straight leg raise test bilaterally and a positive patellar compression test. It was noted that the injured worker had limited right shoulder range of motion. The injured worker's diagnoses included a ruptured rotator cuff, shoulder arthritis and shoulder disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS FOR THE RIGHT KNEE:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: The requested physical therapy 2 times a week for 4 weeks for the right knee is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends that injured workers be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does not indicate that the injured worker is participating in any type of home exercise program. Therefore, 1 to 2 visits of physical therapy would be appropriate to assist in retransitioning and re-educating the injured worker into a home exercise program. However, the requested 8 visits would be considered excessive. As such, the requested physical therapy 2 times a week for 4 weeks for the right knee is not medically necessary or appropriate.

PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS FOR THE LUMBAR SPINE:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: The requested physical therapy 2 times a week for 4 weeks for the lumbar spine is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends that injured workers be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does not indicate that the injured worker is participating in any type of home exercise program. Therefore, 1 to 2 visits of physical therapy would be appropriate to assist in retransitioning and re-educating the injured worker into a home exercise program. However, the requested 8 visits would be considered excessive. As such, the requested physical therapy 2 times a week for 4 weeks for the lumbar spine is not medically necessary or appropriate.

PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS FOR THE RIGHT ANKLE:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: The requested physical therapy 2 times a week for 4 weeks for the right ankle is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends that injured workers be transitioned into a home exercise program to

maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does not indicate that the injured worker is participating in any type of home exercise program. Therefore, 1 to 2 visits of physical therapy would be appropriate to assist in retransitioning and re-educating the injured worker into a home exercise program. However, the requested 8 visits would be considered excessive. As such, the requested physical therapy 2 times a week for 4 weeks for the right ankle is not medically necessary or appropriate.

POST-OPERATIVE PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS FOR THE RIGHT SHOULDER: Upheld

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

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

Decision rationale: The request postoperative physical therapy 2 times a week for 4 weeks for the right shoulder is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends up to 30 postsurgical visits within 6 months of surgical intervention as an appropriate treatment period for injured workers who undergo a rotator cuff surgery. However, the clinical documentation does indicate that the injured worker underwent surgery in 06/2013. As the California Medical Treatment Utilization Schedule recommends a treatment duration of 6 months, it is unclear why additional postoperative physical therapy would be needed. There are no exceptional factors within the documentation to support extending treatment beyond the 6 month treatment duration for this surgical intervention. As such, the requested postoperative physical therapy 2 times a week for 4 weeks for the right shoulder is not medically necessary or appropriate.