

Case Number:	CM14-0105684		
Date Assigned:	09/16/2014	Date of Injury:	09/16/2010
Decision Date:	10/17/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/19/2014

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 68-year old male who was reportedly injured on 09/16/2010. The mechanism of injury is noted as a cumulative injury from repetitive pushing, pulling, overhead reaching, kneeling and squatting. Last progress report dated 08/18/2014 noted the injured worker with complaints of pain rating 5/10 and requires pain medication to control symptoms. Without medication the injured worker states she is unable to complete and activities of daily living. On physical examination of the left shoulder, there is no gross deformity, masses or swelling. Previous incision sites healed well. Ranges of motion are 145 degrees forward flexion, 130 degrees abduction. There is tenderness to palpation over the anterolateral aspect of the deltoid. On examination of the left knee there is 1+ effusion noted. There is tenderness over the median and lateral joint line. Ranges of motion of the left knee are 0 degrees extension, 120 degrees flexion. Positive crepitation is noted with range of motion. Grind test is positive. Diagnoses listed as status post left shoulder arthroscopic examination and surgery, arthroscopic subacromial decompression and Mumford procedure 10/15/2013 and status post left knee arthroscopic surgery with partial medial meniscectomy with residuals, 2011. The injured worker has attended 27 physical therapy sessions to date for the shoulder post op. A request was made for additional Physical Therapy (x4) post op and was denied on 06/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy (PT), Four Times Post-Operative: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: This is a 67 year old claimant who has had arthroscopic subacromial decompression and Mumford procedure 10/15/2013 and status post left knee arthroscopic surgery with partial medial meniscectomy with residuals in 2011. The claimant has had recent post operative physical therapy totaling 27 sessions per PT notes provided. There has been progress and the claimant has been taught a self directed home exercise program. The office notes of 2/10/14 and 4/7/14 by [REDACTED], [REDACTED], states the claimant has both shoulder and left knee pain following a long day at work. CAMTUS post op guidelines and ODG recommendations regarding the shoulder both recommend up to 24 sessions of PT to transition to a self directed Home exercise program. The claimant left knee pain appears to be chronic as there are no notes to reference that particular complaint. Given the time frame of the shoulder surgery and the number of post operative PT sessions afforded him, the requested 4 additional sessions does not appear medically necessary. The request for Additional Physical Therapy is in excess of the recommendations of Post-Surgical Guidelines and Official Disability Guidelines and remains not medically necessary.