

Case Number:	CM14-0016907		
Date Assigned:	02/21/2014	Date of Injury:	04/01/2010
Decision Date:	08/06/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/10/2014

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 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:

This is a 55 year-old female with a 04/01/2010 date of injury to the right shoulder and the knees bilaterally after being involved in a work- related car accident. She initially had physical therapy (PT) however required a right knee arthroscopy in January of 2012, as well as a complete rotator cuff repair on 09/16/2013. She eventually had a left knee arthroscopy as well. The patient had 19 visits of physical therapy post operatively for the right shoulder. There was no documentation to support physical therapy of the knees. The patient was seen on 01/22/2014 with complaints of bilateral knee pain. Exam findings of the right shoulder revealed range of motion with forward flexion 0-160 degrees, abduction 0-135 degrees and internal rotation to L3. Physical examination of the knees showed bilateral patellofemoral crepitation, positive grind test, pain with deep squat and pain with medical compartments bilaterally. The range of motion was 0-120 degrees on the right and 0 -115 degrees on the left. The Physical Therapy re-evaluation note from 12/19/13 compared to the note from 11/14/13 showed a 10-30 degree improvement in the right shoulder AROM (Active Range Of Motion) and PROM (Passive Range Of Motion), some improvements in pain (the patient states her pain is a 0-5/10) and mild improvements in strength (i.e. flexion 4- to 4, extension 4 to 4+, abduction 3+ to 4). The diagnosis is status post right shoulder arthroscopic rotator cuff repair; status post left knee arthroscopy and revision, status post right knee arthroscopy. Treatment to date: medication, rest, 31 sessions of Physical Therapy (12 pre-op and 19 post-op), Orthovisc injection to the left knee with significant improvement (November 2012), Orthovisc injections to the right knee (May 2012 and March 2013). An adverse determination was received on 1/30/14 given that no clear evidence of functional improvement with regard to the patient's recent postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times 6 for the right shoulder and bilateral knees: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Knee Chapter-Physical therapy, Arthritis.

Decision rationale: CA MTUS allows for 40 visits over 16 weeks of postsurgical physical therapy for complete rotator cuff repair. This patient has had 19 sessions of physical therapy postoperatively. The physical therapy reevaluation note from 12/19/13 showed mild improvement in the patient's right shoulder's range of motion (i.e. 10 degree improvement in flexion and extension), minor improvement in strength, and some decrease in the patient's pain level, which was not quantified. The documentation does not reflect significant functional gains with regard to the patient's postoperative physical therapy. In addition, the rationale for knee physical therapy at this point given her date of injury is unclear. Therefore, the request for physical therapy 2 times 6 for the right shoulder and bilateral knees was not medically necessary and appropriate.