

Case Number:	CM14-0150647		
Date Assigned:	09/18/2014	Date of Injury:	04/14/2006
Decision Date:	10/24/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/16/2014

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 Illinois. 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 65-year-old male with a reported date of injury on 04/14/2006. The injury reportedly occurred when the injured worker was pulling a pallet jack loaded with boxes weighing about 2,000 pounds. His diagnoses were noted to include left shoulder osteoarthritis and impingement syndrome with rotator cuff tendonitis, cervical spine disc disease, lumbar spine disc disease with bilateral radiculopathy, and left knee osteoarthritis with medial meniscal tear. His previous treatments were noted to include physical therapy to the left shoulder, neck, left knee, and low back, hot packs, massage, electrostimulation, ultrasound, cortisone injections to the left knee, and medications. The progress note dated 08/18/2014 revealed complaints of sharp, radiating pain from the left knee to the left ankle, rated 7/10. The injured worker complained of back pain that was rated 7/10 that radiated to the upper back. The injured worker complained of left shoulder pain that was rated 7/10 that radiated into the neck. The physical examination revealed tenderness to the left shoulder subacromial with subacromial base with limited range of motion. The provider requested a cardiologist for preop clearance prior to surgery for a left shoulder arthroscopy, subacromial decompression, and debridement. The progress note dated 09/09/2014 revealed a request for left shoulder arthroscopy surgery followed by left knee surgery, which the provider was waiting for authorization. The Request For Authorization form dated 08/25/2014, was for initial physical therapy 2 times 6 to the left shoulder for 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; 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The request for Physical Therapy; 12 sessions is not medically necessary. The injured worker is awaiting authorization for surgery. The Postsurgical Treatment Guidelines recommend for arthroscopic rotator cuff syndrome/impingement syndrome 24 visits over 14 weeks with postsurgical physical medicine treatment period of 6 months. There is a lack of documentation regarding authorization of surgery to warrant postsurgical physical therapy. There is a lack of measurable functional deficits to warrant physical therapy. Additionally, the request failed to provide the body region at which physical therapy is to be performed. Therefore, the request is not medically necessary.