

Case Number:	CM14-0064110		
Date Assigned:	07/11/2014	Date of Injury:	08/07/2013
Decision Date:	09/10/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/06/2014

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 41-year-old female sustained an industrial injury on 8/7/13. Injury occurred when she tripped and fell onto her left side. The 9/20/13 left shoulder MRI findings documented supraspinatus tendinosis and significantly down sloping acromion impinging upon the supraspinatus tendon. There was severe acromioclavicular joint arthrosis noted. Left knee imaging was essentially unremarkable with mild intrasubstance degenerative change noted. The patient underwent left shoulder arthroscopic subacromial decompression with acromioplasty, Mumford procedure, and SLAP repairs on 2/7/14. Physical therapy for 12 visits was initiated on 2/14/14. The 3/18/14 therapy orders recommended additional physical therapy 2x6. Orders outlined the range of motion progression with no strengthening until 12 weeks post-op and home program. Continuation of patellar mobilization and strengthening was also recommended. The 4/11/14 utilization review denied the request for additional physical therapy as there was no documentation relative to the number of completed visits or functional benefit achieved with previous therapy. The 4/22/14 treating physician report indicated that the patient fell backward on her left arm the week before trying to get up from a deep squatted position. She reported an increase in left shoulder and knee pain. Left shoulder exam documented painful active range of motion with flexion 150, abduction 140, and external rotation 50 degrees. The patient was using her upper trapezius for shoulder overhead movement. Left knee exam documented tenderness to palpation and swelling along the medial hamstring bursa. Pain was reported with resisted knee flexion. Orthopedic stability testing was normal. Range of motion was 0-130 degrees with mild lateral tracking of the patella. A left knee corticosteroid injection was provided. The patient was 11 weeks status post left shoulder surgery with limited range of motion. She had not yet begun strengthening in physical therapy or completed home exercise program instruction. She had not

been in therapy for the past couple of weeks due to lack of authorization. Additional physical therapy was strongly recommended. The patient remained off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week for 6 weeks for left knee and left shoulder #12:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg (updated 03/31/2014) and Shoulder (updated 03/31/2014) Physical Therapy, ODG Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for shoulder impingement syndrome and acromioplasty suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have been met. The patient has completed the initial 12 post-operative visits with progressive range of motion improvement. The patient has not completed strengthening nor does she have a fully matured home exercise program. Additional physical therapy requested for the shoulder is within the recommended general course of care. Concomitant treatment of the left knee is consistent with guidelines for active rehabilitation therapy. Therefore, this request is medically necessary.