

Case Number:	CM14-0074638		
Date Assigned:	07/16/2014	Date of Injury:	02/14/2013
Decision Date:	08/19/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/22/2014

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 Pennsylvania. 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 claimant is a 54-year-old who injured the left shoulder and left knee in a work related accident February 14, 2013. The records provided for review document that the claimant underwent left knee anterior cruciate ligament reconstruction with chondroplasty on November 11, 2013 followed by documentation of a significant course of post operative physical therapy. The follow up report of May 3, 2014 described continued left knee and shoulder complaints. Examination of the shoulder demonstrated tenderness over the deltoid with restricted motion to 110 degrees of abduction and forward flexion. There was positive O'Brien's and Hawkin's testing. The knee examination showed tenderness over the patella and previous incision. There was no instability, negative Lachman and anterior drawer testing with 5/5 strength and range of motion was noted to be full. The claimant had been treated conservatively for the shoulder for a diagnosis of rotator cuff tear. It is stated the claimant has undergone greater than forty sessions of physical therapy for the shoulder, and over twenty-four sessions of therapy for the knee from January through April 2014. There is a current request for continuation of physical therapy for the shoulder for eight additional sessions as well as post operative therapy for the left knee for eight additional sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the left shoulder, two times a week for four weeks: Upheld

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: Shoulder; Physical Therapy Guidelines.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines would not support continued physical therapy for the shoulder. This individual is documented to have undergone forty sessions of physical therapy in the last half calendar year. The documentation does not explain why eight additional sessions of therapy would be indicated at this chronic stage in course of care. There is no documentation of other forms of conservative measures, clinical imaging to support the request. There is also no documentation that the claimant has received significant benefit from therapy than has already been utilized to support that additional formal therapy would be necessary. The request for additional physical therapy for the left shoulder, two times a week for four weeks, is not medically necessary or appropriate.

Additional post operative physical therapy for the left knee, two times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99, Postsurgical Treatment Guidelines Page(s): 25.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Postsurgical Treatment Guidelines would not support eight additional sessions of therapy for the claimant's left knee. This individual has already undergone twenty-four plus sessions of therapy over the past three months. Post Surgical Guidelines recommend up to twenty-four sessions of therapy in a sixteen week period of time following anterior cruciate ligament reconstructive procedures. The most recent examination demonstrates full strength, no instability and full range of motion to the knee. It would be unclear as to why transition to a home exercise program could not occur at this time. The request for post operative physical therapy for the left knee, two times a week for four weeks, is not medically necessary or appropriate.