

Case Number:	CM14-0190641		
Date Assigned:	11/24/2014	Date of Injury:	01/19/2011
Decision Date:	01/09/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/14/2014

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 Emergency Medicine 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:

Patient with reported date of injury on 1/19/2011. Mechanism of injury is described as a slip and fall. Patient has a diagnosis of left shoulder rotator cuff tear, bilateral knee impairment injury and possible anoxic brain injury. Patient is post left shoulder arthroscopic surgery for subacromial decompression with acromioplasty, Mumford procedure, supraspinatus rotator cuff repair on 5/11/11. Patient had reportedly pulmonary embolism after rotator cuff repair leading to cardiac arrest, stroke and neurological deficits. Medical reports reviewed. Last report available until 11/3/14. Patient complains of right shoulder and right knee pain. Objective exam reveals poor kyphotic posture, right lower extremity exam release crepitus during range of motion, positive patellar tilt test, and positive cross arm impingement test. Physical therapy was requested during visit on progress note dated 10/17/14 and 11/3/14. Medications include coumadin, aspirin, Norco, metoprolol, pravastatin, synthroid, protonix, docusate and albuterol. Another UR dated 10/29/14 has already approved 12 sessions of physical therapy, psychology sessions, cognitive behavioral sessions and neuropsychiatric testing and speech therapy. Independent Medical Review is for physical therapy to bilateral shoulders and neck #12 sessions. Prior UR on 11/12/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to bilateral shoulders and neck QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: As per California Medical Treatment Utilization Schedule (MTUS) Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Guidelines recommends only up to 10 physical therapy (PT) sessions for the diagnosis listed. Patient has 12 sessions approved and patient is currently undergoing therapy. This is either a redundant request or potentially an early request with no documentation or justification to support further PT sessions. Additional Physical therapy is not medically necessary.