

Case Number:	CM14-0200641		
Date Assigned:	12/11/2014	Date of Injury:	10/17/2012
Decision Date:	01/27/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab 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 44-year-old gentleman with a date of injury of 10/17/12. Mechanism of injury was a trip while installing a solar panel. The patient injured his right shoulder, low back, and left ankle. The patient was found to have a massive RTC tear of the right shoulder and underwent arthroscopic repair and subacromial decompression on 12/26/13. On 5/07/14, request was submitted for arthroscopy and debridement of the left ankle. This appears to have been denied in peer review and appealed on 7/10/14. It is unclear if this was ever authorized. On 10/28/14, the patient initiated care with a new orthopedist. Exam shows diffuse tenderness at the right shoulder and left ankle. There is no instability at the ankle. Shoulder ROM shows only 120 degrees of flexion/abduction on the right and 135 on the left. Neuro exam shows normal motor and sensory function. Diagnosis is s/p right shoulder surgery and left ankle strain. Treatment to date is not summarized. There is no report of new injury or acute flare-up. "Physiotherapy" is recommended to "start" at a rate of three times a week. This was submitted to Utilization Review on 11/03/14 and an adverse determination was rendered on 11/04/14. Rationale for denial was a lack of documentation of aggravation/flare-up and summary of prior PT to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy treatment to the right shoulder and left ankle for 18 sessions, 3 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 27-28. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Physical medicine treatment.

Decision rationale: The CA MTUS recommends up to 24 sessions of post-op PT following this type of shoulder surgery. For non-surgical treatment of an ankle sprain, guidelines recommend up to 9 sessions of PT. In this case, the patient did have shoulder surgery back in 2013. The amount of post-op PT for the shoulder and PT done for the ankle is not submitted. The patient initiated care with a new orthopedic PTP in October of 2014. There was no summary of treatment to date and no discussion of any new injury/acute-flare that would substantiate re-initiation of skilled PT for this 2012 injury. In addition, for this 2012 injury with extensive prior treatment to date, it is unclear why 18 sessions of PT would be necessary on the initial request. Medical necessity for PT 3 x 6 for the right shoulder and ankle is not medically necessary.