MAXIMUS Federal Services

Case Number:	CM15-0013639		
Date Assigned:	02/02/2015	Date of Injury:	10/21/2010
Decision Date:	04/07/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/23/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 (IW) is a 54 year old female who sustained an industrial injury on 10/21/2010. She has reported pain in both knees, both lower legs and pain in the right shoulder. Diagnoses include right shoulder arthroscopic debridement, decompression, bursectomy and rotator cuff repair with right shoulder acromioclavicular joint coupling (09/12/2014), right knee total arthroplasty with removal total knee implant then placement of revision implants (12/09/2013), revision right knee total arthroplasty tibeal component, synovectomy, medial and lateral compartment, complex wound closure measuring 20 cm total right knee (02/06/2014). Treatments to date include post-operative follow-up, home physical therapy and ongoing care for knee and shoulder pain. A progress note from the treating provider dated 12/11/2014 indicates the IW has completed 12 sessions of PT for the right shoulder and reports some pain, but doing better than before. The left knee is still swelling and is painful causing difficulty ambulating. The right shoulder has some weakness to supraspinatus testing. The left knee exam shows the incision is clean, dry and intact with pain over the superolateral joint line, and moderate effusion in the left lower extremity. The treatment plan for the knee is to have a revision of the left knee total arthroplasty, and the right shoulder plan is to re-educate the IW to a prescribed self-administered program and assessment of compliance. On 12/29/2014 Utilization Review non-certified a request for Additional Post Physical Therapy To Right Shoulder. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post Physical Therapy To Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 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: Additional Post Physical Therapy To Right Shoulder is not medically necessary per the MTUS Guidelines. The MTUS guidelines recommend up to 24 visits for this condition. The MTUS guidelines recommend transitioning to an independent home exercise program. As of Dec. 2014 the patient had completed 12 sessions and still had some mild weakness and continued range of motion deficits. The request, however, does not specify a quantity as written and therefore this request for additional post op physical therapy to the right shoulder cannot be certified as medically necessary.