

Case Number:	CM15-0141217		
Date Assigned:	07/31/2015	Date of Injury:	07/11/2007
Decision Date:	08/28/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/21/2015

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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 64 year old female sustained an industrial injury on 7-11-07. She subsequently reported neck, back, right shoulder, right wrist, bilateral knee and left ankle pain. Diagnoses include right shoulder impingement right shoulder bursitis and right wrist arthritis. Treatments to date include MRI testing, knee surgery, physical therapy and prescription pain medications. The injured continues to experience right shoulder feels a lot better from physical therapy. Upon examination, AC joint tenderness is present in the right shoulder. Range of motion is reduced. Abduction and external rotation strength is 4 of 5. Positive Hawkins, Neer and Jobe's tests were noted. A request for Post operative physical therapy 24 sessions was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy 24 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: Per the CA MTUS Post Surgical Treatment Guidelines, Knee, page 24 the recommended amount of post-surgical treatment visits allowable are: Arthritis (Arthropathy, unspecified) (ICD9 716.9): Post-surgical treatment, arthroplasty, knee: 24 visits over 10 weeks post-surgical physical medicine treatment period: 4 months. The guidelines recommend initial course of therapy to mean one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in the guidelines. In this case, the 1/2 of the allowed number of visits is recommended. Therefore, the request is not medically necessary.