

Case Number:	CM15-0162688		
Date Assigned:	08/31/2015	Date of Injury:	11/22/2011
Decision Date:	09/30/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/19/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 66 year old female who sustained an industrial-work injury on 11-22-11. He reported an initial complaint of left shoulder, back, and knee pain. The injured worker was diagnosed as having pain in joint lower leg, lumbago, chondromalacia patella, and loose body in the knee. Treatment to date includes medication, physical therapy, home exercise program, chiropractic treatment, wrist brace, CPM (continuous passive motion) machine, Synvisc injections, surgery (diagnostic arthroscopy, partial lateral meniscectomy with debridement of chondromalacia of the mediofemoral condyle lateral femoral condyle on 5-4-12, right shoulder examination under anesthesia, diagnostic arthroscopy, debridement of grade 4 chondromalacia of the glenohumeral joint, debridement of the articular surface rotator cuff tear, circumferential labral tear, partial biceps tear, bursoscopy, bursectomy, with subacromial decompression and arthroscopic Mumford procedure on 10-26-12, right total knee replacement on 7-26-13, right shoulder total replacement on 6-6-14, and right total shoulder replacement with eventual conversion to a reverse shoulder replacement on 3-18-15. MRI results were reported on 5-22-12. X-ray results were reported on 6-11-15. Currently, the injured worker complained of pain in right upper extremity and right knee with some improvement with therapy. Per the primary physician's report (PR-2) on 7-23-15, exam noted right shoulder wound is healed, able to extend wrist, abduction at 120 degrees, extension at 30 degrees, and strength at 5 out of 5. Right knee has some tenderness over the patella tendon towards the insertion into the tibial tubercle, full active range of motion, gait is normal. There is slight tenderness over the pes anserine bursa but not over the patella tendon or the quadriceps. Lumbar spine is unremarkable. The requested treatments include post-operative physical therapy to the right shoulder. She has completed 2

courses of 12 sessions (24 sessions) of post operative therapy. Her strength is rated 4/5 to 5/5 with good ROM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy 2 times a week right shoulder Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation
http://www.mghphysicaltherapy.org/pt_pdfs/shoulder_guidelines/Reverse_Inverse_Arthroplasty_Guideline.pdf.

Decision rationale: MTUS post operative Guidelines recommends that up to 24 sessions of postoperative therapy are adequate for this individuals surgery. The records document prior completion of 24 visits with good gains in strength and ROM. There is no apparent medical necessity for an additional 12 sessions, which significantly exceeds Guideline recommendations. A few more sessions to assure a matured home program may be medically reasonable, but the request for an additional 12 sessions is not supported by Guidelines under these circumstances. The additional Post-operative physical therapy 2 times a week right shoulder Qty: 12 is not medically necessary.