

Case Number:	CM15-0183650		
Date Assigned:	09/24/2015	Date of Injury:	01/10/2014
Decision Date:	10/29/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/18/2015

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: Physical Medicine & Rehabilitation

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 63-year-old female who sustained an industrial injury on 1-10-14. A review of the medical records indicates she is undergoing treatment for rotator cuff tear of the right shoulder - status-post surgical repair with poor result, osteoarthritis of the left knee, and pain in joint of the lower leg. Medical records (3-17-15 to 8-10-15) indicate continued tenderness of the left knee, as well as right shoulder pain. The physical exam (7-6-15) reveals tenderness of the left knee. On 8-10-15, the physical exam of the right shoulder reveals "mild atrophy" within the deltoid and "significant tenderness to palpation over the anterior aspect of the shoulder". Range of motion of the shoulder is noted to be within normal limits. The right knee was not examined on that date. Diagnostic studies have included x-rays of the left knee and left tibia and an MR arthrogram of the right shoulder. Treatment has included left knee surgery on 3-17-15 followed by postoperative physical therapy and surgery of the right shoulder. The injured worker has also been evaluated and treated by pain management. On 4-27-15, additional physical therapy was requested for the left knee, indicating "she needs to continue with supervised therapy to help address her residuals and be shown a proper home exercise program". She was noted to have "improvement" on 6-5-15 and continued to attend physical therapy. Continued physical therapy was recommended on the 7-6-15 visit "to continue to increase strength". She is noted to not be working. The request for authorization (7-14-15) includes physical therapy 3 times a week for 4 weeks for left knee osteoarthritis, evaluation and treatment of the right shoulder, and a urine toxicology screen. On 8-31-15, the request for authorization includes physical therapy 3 times a week for 4 weeks for left knee osteoarthritis. The utilization review (9-4-15) indicates that based on the documentation, the "claimant is now outside of the 4 month postsurgical physical medicine treatment period" and the "amount of previous therapy is not

documented". It also states "response to previous therapy is not documented" and "current functional deficits or physical exam findings related to the left knee are not documented". Therefore, the requested treatment is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy to the left knee 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: Review indicates the patient is s/p left knee arthroscopy with unicompartment arthroplasty in March 2015 with post-op PT and followed by shoulder arthroscopy. Provider report of 9/17/15 noted the patient is unchanged and remained asymptomatic with MR arthrogram of shoulder reviewed that showed tissue scarring. It was recommended for another surgery; however, the patient did not want to proceed with surgery and PT was requested. The patient remained off work until 11/10/15. The Chronic Pain Guidelines, post-operative therapy allow for 12 visits over 12 weeks for arthroscopic surgery over a postsurgical physical medicine treatment period of 4 months. Submitted reports have not adequately demonstrated how many PT sessions have been completed nor the indication to support further physical therapy beyond the initial guidelines criteria. The patient's arthroscopy is now over 7 months without documented functional improvement from the extensive PT visits rendered. There was no post-operative complications or comorbidities noted to allow for additional physical therapy beyond guidelines recommendations. The patient exhibits unchanged symptoms. Submitted reports have not demonstrated clear specific indication and necessity to support for a continued conjunctive formal PT program. The Post-operative physical therapy to the left knee 3 times a week for 4 weeks is not medically necessary and appropriate.