

Case Number:	CM15-0200985		
Date Assigned:	10/16/2015	Date of Injury:	01/10/2014
Decision Date:	11/24/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/13/2015

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: Internal Medicine, Rheumatology

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-work injury on 1-10-14. She reported initial complaints of right shoulder and left knee pain. The injured worker was diagnosed as having sprain of lumbar region, face and neck injury, sprain of neck, and open wound of face, contusion of face, sprain of shoulder, fracture of phalanx of hand, sprain of lateral collateral ligament, rotator cuff rupture, and osteoarthritis of left leg. Treatment to date has included medication, surgery (right shoulder arthroscopic rotator cuff repair in 3-2015, reconstruction of the ulnar collateral ligament of the left thumb in 10-2014, and left knee unicompartmental arthroplasty in 3-2015). Currently, the injured worker complains of continued pain with numbness in the right shoulder rated 4 out of 10. Per the primary physician's progress report (PR-2) on 9-17-15, exam notes upper arm tenderness, stiffness, and weakness in the internal and external rotation of the right shoulder. She also has swelling with instability to the left knee. A MR Arthrogram of the right shoulder was performed and revealed scar tissue and scar tissue to the left knee and overcompensating to the left side. Current plan of care includes therapy. The Request for Authorization requested service to include additional post-operative physical therapy to the left knee, twice a week for four weeks and physical therapy to the right shoulder, three times a week for four weeks. The Utilization Review on 9-30-15 modified the request for additional post-operative physical therapy to the left knee, once a week for four weeks (4 visits) and physical therapy to the right shoulder, one times a week for four weeks (4 visits), per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines; Postsurgical Treatment 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post operative physical therapy to the left knee, twice a week for four weeks:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: This 63 year old female has complained of right shoulder pain, knee pain and low back pain since date of injury 1/10/2014. She has been treated with surgery, physical therapy and medications. The current request is for additional post operative physical therapy to the left knee, twice a week for four weeks. Per the MTUS guidelines cited above in the section Physical Medicine/ therapy, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The available medical records document that the patient has already received 24 physical therapy sessions for the knee and shoulder which exceeds the MTUS recommendations for passive (out of home) PT. The medical necessity for continued passive physical therapy is not documented In the available medical records. On the basis of the available medical documentation and per the guidelines cited above, additional post operative physical therapy to the left knee, twice a week for four weeks is not indicated as medically necessary.

Physical therapy to the right shoulder, three times a week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: This 63 year old female has complained of right shoulder pain, knee pain and low back pain since date of injury 1/10/2014. She has been treated with surgery, physical therapy and medications. The current request is for physical therapy to the right shoulder, three times a week for four weeks. Per the MTUS guidelines cited above in the section Physical Medicine/ therapy, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The available medical records document that the patient has already received 24 physical therapy sessions for the knee and shoulder which exceeds the MTUS recommendations for passive (out of home) PT. The medical necessity for continued passive physical therapy is not documented In the available medical records. On the basis of the available medical documentation and per the guidelines cited above, physical therapy to the right shoulder, three times a week for four weeks is not indicated as medically necessary.

