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| <b>Case Number:</b>   | CM15-0205419 |                              |            |
| <b>Date Assigned:</b> | 10/22/2015   | <b>Date of Injury:</b>       | 01/05/2015 |
| <b>Decision Date:</b> | 12/08/2015   | <b>UR Denial Date:</b>       | 09/18/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/19/2015 |

### 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: 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:

This is a 41 year old female who sustained an industrial injury on 1-5-2015. A review of the medical records indicates that the injured worker is undergoing treatment for left shoulder rotator cuff tear and right knee medial meniscus tear. According to the progress report dated 9-9-2015, the injured worker was status post left shoulder arthroscopy on 4-17-2015. It was noted that she recently was authorized for 12 session of physical therapy for the left shoulder. She complained of pain and discomfort in her left shoulder, as well as deficits regarding her range of motion and strength. The injured worker was status post right knee arthroscopy on 6-5-2015. She complained of achiness, stiffness and pain in her knee. It was noted that her range of motion and strength were improving. Per the treating physician (9-9-2015), the injured worker was temporarily totally disabled. Objective findings (9-9-2015) revealed range of motion of the right knee was 0 to 120 degrees. Strength was 4 out of 5. There was positive patellofemoral crepitation and positive grind. Exam of the left shoulder revealed range of motion was 0 to 140 degrees with forward flexion and abduction with stiffness and pain at end ranges of motion. Strength was 3 out of 5. Treatment has included surgery, physical therapy (at least 2 post-operative sessions completed for the left shoulder and 12 sessions completed for the left knee), and medications (Naprosyn and Norco). The request for authorization was dated 9-15-2015. The original Utilization Review (UR) (9-18-2015) denied a request for additional post-operative physical therapy, right knee and left shoulder, 2 times weekly for 6 weeks.

### 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, right knee and left shoulder, 2 times weekly for 6 weeks, 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee, Shoulder.

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

**Decision rationale:** The 41 year old patient complains of left shoulder pain and right knee pain, as per progress report dated 09/09/15. The request is for additional post operative physical therapy, right knee and left shoulder, 2 times weekly for 6 weeks, 12 sessions. The RFA for this case is dated 09/15/15, and the patient's date of injury is 01/05/15. The patient is status post left shoulder diagnostic and operative arthroscopy with endoscopic rotator cuff repair on 04/17/15, and status post diagnostic and operative left knee arthroscopy on 06/05/15, as per progress report dated 09/09/15. The patient is temporarily totally disabled, as per the same progress report. MTUS post-surgical guidelines, pages 24-25 states: "Controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. (Goodwin, 2003) Knee Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5): Postsurgical treatment: (Meniscectomy): 12 visits over 12 weeks. Postsurgical physical medicine treatment period: 6 months." MTUS post-surgical guidelines, pages 26-27, Shoulder recommends Postsurgical treatment, arthroscopic: 24 visits over 14 weeks. The postsurgical physical medicine treatment period is 6 months. In this case, the patient has been authorized for 12 sessions of post-operative physical therapy for the left shoulder and she has completed only 2 sessions out of them, as per progress report dated 09/09/15. The treater believes that the patient needs 24 to 36 formal physical therapy sessions to "rehab her shoulder and to progress from the deterioration the shoulder had because of the lack of physical therapy," which was delayed. The treater is, therefore, requesting for 12 additional sessions of PT for the shoulder. Regarding the left knee, the treater is "recommending 12 additional sessions of physical therapy for total of 24 sessions of total postoperative physical therapy sessions that continue her range of motion and strengthening." The Utilization Review denial letter, however, indicates that the patient has been "authorized for 36 post-op PT sessions for the knee and 24 for the shoulder." This exceeds the number of sessions recommended by MTUS in post-operative cases. Additionally, it appears that the patient has not completed all the authorized sessions yet. The treater should document the efficacy of the current therapy after completion and the patient's attempt to transition to a home exercise program before requesting for additional therapy. Hence, the request is not medically necessary.