

Case Number:	CM15-0208216		
Date Assigned:	11/06/2015	Date of Injury:	12/28/2012
Decision Date:	12/18/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/22/2015

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: Illinois, California, Texas 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 injured worker is a 62-year-old male who sustained an industrial injury on 12/28/12. Injury occurred when he slipped and fell off a roof, landing on his feet. He sustained multiple injuries to his knees and multiple fractures in the left foot. He underwent left foot open reduction and internal fixation of the multiple fractures on 1/15/13, and subsequent hardware removal from the left second metatarsal and left calcaneus on 8/28/15. Records indicated that the injured worker was status post left shoulder surgery for a diagnosis of rotator cuff and impingement syndrome with no evidence that this surgery took place in 2015. The 9/17/15 treating physician report cited constant moderate left ankle and foot pain and swelling, occasional minimal left shoulder pain with popping during certain activities, and intermittent moderate bilateral knee pain. Left shoulder exam documented upper shoulder and trapezius tenderness and positive supraspinatus test. Left ankle/foot exam documented moderate left ankle global swelling and discoloration of the lateral heel and ankle. There was decreased sensation over the entire left foot, normal deep tendon reflexes and myotomes, positive varus and anterior/posterior drawer tests. There were +2 spasms and tenderness to the left medial and lateral malleolus, extensor hallucis longus, and Achilles tendon. The injured worker had undergone hardware removal from the left second metatarsal and calcaneus on 8/28/15. Authorization was requested for 12 post-op physical therapy visits for the left shoulder and left foot. The 10/7/15 utilization review modified the request for 12 visits of post-op physical therapy for the left shoulder and left foot to 12 visits of post-op physical therapy for the left foot only, consistent with the recent surgery and based on

treating physician telephone call indicating physical therapy was being requested relative to the left foot injury only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op Physical therapy, 3 times a week for 4 weeks, left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: California MTUS Post-Surgical Treatment Guidelines do not apply to this case as the 6-month post-surgical treatment period appears to have expired. MTUS Chronic Pain Medical Treatment Guidelines would apply. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. This injured worker presents status post left ankle/foot hardware removal and has been certified for 12 post-op physical therapy visits. The medical necessity of physical therapy for the left shoulder is not established. The injured worker presents with occasional minimal left shoulder pain and popping with certain movements. Prior left shoulder surgery has been reported but there are no details relative to the procedure, date of procedure, or post-op physical therapy. Clinical exam findings do not document a functional deficit to be addressed by supervised physical therapy. There is no documentation of a functional treatment plan relative to the physical therapy for the left shoulder. There is no compelling rationale to support the medical necessity of additional supervised physical therapy over an independent home exercise program. Therefore, this request is not medically necessary.