

Case Number:	CM15-0028234		
Date Assigned:	02/20/2015	Date of Injury:	06/29/2006
Decision Date:	04/06/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/13/2015

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: Physical Medicine & Rehabilitation, Neuromuscular 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 71 year old male, who sustained an industrial injury on 6/29/2006. The diagnoses have included status post right shoulder surgery times two, right shoulder rotator cuff tear, status post left total knee replacement surgery, adhesive capsulitis left knee and left knee arthrofibrosis. Treatment to date has included medication. According to the progress report dated 12/8/2014, the injured worker complained of left knee pain rated 10/10. He also complained of severe right shoulder pain. Exam of the right shoulder revealed decreased range of motion and tenderness of the deltoid. Exam of the bilateral knees revealed patellofemoral crepitus on the left. There was midflexion instability and tenderness on the medial and lateral joint line on the left. Norco and Ibuprofen were prescribed. A cortisone injection was given to the right shoulder. Authorization was requested for left knee revision surgery, pre-operative medical clearance, postoperative physical therapy, a cold therapy unit, a continuous passive motion unit, crutches, a knee exercise kit and a knee brace. On 1/26/2015, Utilization Review (UR) non-certified a request for postoperative physical therapy two times a week for six weeks. The Medical Treatment Utilization Schedule (MTUS) was cited.

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 for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24 and page 10.

Decision rationale: Post-operative physical therapy 2 times a week for 6 weeks is not medically necessary per the MTUS Post Surgical Treatment Guidelines. The guidelines state that an initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. The documentation indicates that the patient's surgery for a left knee revision was deemed not medically necessary therefore the request for post operative physical therapy is not medically necessary.