

Case Number:	CM14-0176068		
Date Assigned:	10/29/2014	Date of Injury:	02/12/2014
Decision Date:	12/05/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/23/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 50-year-old male with date of injury 02/12/2014. The listed diagnoses for [REDACTED]. [REDACTED] from 09/05/2014 are: 1. Status post open reduction internal fixation of the right proximal humerus for part fracture from 02/13/2014; 2. Frozen right shoulder; 3. Cervical strain; 4. Multilevel disc herniation and degenerative disc disease of the cervical spine; 5. Radiculitis of the right upper extremity; 6. Low back pain; 7. Right knee medial and lateral meniscus tears; 8. Right heel pain; 9. Headaches; 10. Stress/anxiety. According to this report the patient continues to complain of right knee pain and significant limitation of motion of the right shoulder. He is getting numbness and tingling down the right upper extremity down to his hands. The patient continues to complain of lower back pain. The examination of the right shoulder shows well-healed scars. Resisted abduction strength is 4/5. Resisted external rotation strength is 4/5. Negative drop arm test. The documents include an EMG report from 07/26/2014, an MRI of the right and left shoulders from 02/21/2014 to 09/10/2014, and physical therapy reports from 03/31/2014 to 07/23/2014. The utilization review denied the request on 10/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-op physical therapy 3 times per week x 6 weeks (18 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: The patient presents with right knee and right shoulder pain. The patient is status post ORIF from 02/13/2014. The treating physician is requesting Additional Post-Op Physical Therapy 3 Times per Week Times 6 Weeks (18 Sessions). The patient's surgery is from 02/13/2014 and is outside post-operative time-frame. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis and neuralgia-type symptoms. The treating physician does not explain why additional physical therapy sessions are needed. The physical therapy report from 05/03/2014 shows that isometric strengthening was initiated for RTC and scapular stabilizers. The 06/20/2014 physical therapy report shows that the patient's strength is improving. He is able to exert increased resistance with PNF patterns. However, there is increased shoulder discomfort. The 06/27/2014 progress report notes that the patient's right shoulder pain is improving and his range of motion and use of the right shoulder have substantially improved. His neck continues to cause him moderate to severe pain with shooting pain down the right upper extremity into the hands. The utilization review notes that the patient has received 45 out of 51 post-operative physical therapy sessions. Given that the patient has received some 45 sessions of post-op physical therapy recently, the patient should now be able to transition into a home exercise program to improve strength and range of motion. Recommendation is that the request is not medically necessary.