MAXIMUS Federal Services

Case Number:	CM14-0163117		
Date Assigned:	10/08/2014	Date of Injury:	06/05/2012
Decision Date:	03/26/2015	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/03/2014

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. 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: Florida
Certification(s)/Specialty: Family Practice

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 65 year old male, who sustained an industrial injury on 6/5/2012. He has reported persistent right knee pain. The diagnoses have included status post right rotator cuff shoulder surgery 5/6/14, right knee medial meniscus tear with arthritis, status post cervical fusion 2012, lumbar discogenic disease, bilateral internal knee derangement, bilateral shoulder impingement syndrome, and right shoulder rotator cuff tear. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), therapeutic steroid injections, physical therapy and surgical intervention. Currently, the IW complains of bilateral knee, neck low back and bilateral shoulder pain. September 27, 2014 evaluation documented bilateral knee swelling, tenderness, and decreased Range of Motion (ROM). Plan of care included post operative physical therapy continuation, two to three times weekly for six weeks and follow up with orthopedic surgeon regarding right knee surgery. On 9/26/2014 Utilization Review non- certified physical therapy and consultation with orthopedic surgeon for follow up, noting the documentation failed to support medical necessity. The MTUS Guidelines were cited. On 10/3/2014, the injured worker submitted an application for IMR for review of physical therapy and consultation with orthopedic surgeon for follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post op PT right shoulder 2-3 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 26-28.

Decision rationale: MTUS guidelines make the following recommendations regarding postoperative physical medicine for Rotator cuff injuries: "Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Post-surgical treatment, arthroscopic: 24 visits over 14 weeks Post-surgical physical medicine treatment period: 6 months. Post-surgical treatment, open: 30 visits over 18 weeks. Post-surgical physical medicine treatment period: 6 months." This patient is status post a surgical repair of his rotator cuff. He has completed 10 of 12 physical therapy sessions. His physician is requesting an additional 2-3 sessions per week for 6 weeks. This request was denied by Utilization review since the documentation indicates that the patient has been having increased pain in his shoulder and there is a lack of documentation regarding functional improvement. Therefore, it was felt by utilization review that the patient should see his orthopedic surgeon again before proceeding with further physical therapy sessions. This appears to be a fair determination based off the medical records that have been provided. Likewise, this request for additional physical therapy is not considered medically necessary at this time.

Follow up with [redacted] regarding right knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - Chapter 7 Independent Medical Examination (IME) p. 92, 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Occupational practice medicine guidelines Page(s): pages 2-3.

Decision rationale: The California MTUS guidelines state, "Referral is indicated in cases where the health care provider has a lack of training in managing the specific entity, is uncertain about the diagnosis or treatment plan, or red flags are present. If significant symptoms causing self-limitations or restrictions persist beyond 4-6 weeks, referral for specialty evaluation (e.g., occupational medicine, physical medicine and rehabilitation, or orthopedic surgery) may be indicated to assist in the confirmation of the provisional diagnosis and to define further clinical management." This patient is already under the care of an Orthopedic surgeon. Follow ups visits to re-address medical problems and gauge reaction to therapy is a standard of care. The rationale given by utilization review for denying this follow up visit is that the patient's surgery had now been postponed by several months. None the less, the patient should be allowed to see his Orthopedic physician for additional treatment recommendations until the surgery takes place. This request is considered medically necessary.