

Case Number:	CM15-0128713		
Date Assigned:	07/15/2015	Date of Injury:	10/02/2013
Decision Date:	08/10/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/02/2015

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: Arizona, California
 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 52 year old male who sustained a work related injury October 2, 2013. When he went to stand from a gravel yard he felt a pop in his left knee and fell to the ground. He returned to work after two days and while on a step ladder, his left knee gave out and he fell, with injury to his right shoulder and low back. Past history included partial left knee meniscectomy, May 2014, with 24 sessions of physical therapy providing minimal benefit and a corticosteroid injection to his left knee March 20, 2015, with no benefit. He also underwent a right shoulder rotator cuff repair October 2014, with 8 sessions of physical therapy before the surgery with no benefit and 8 sessions of physical therapy post-operatively with minimal benefit. He had a corticosteroid injection in his right shoulder before surgery with one day pain relief and another injection March 20, 2015, with 50% relief of pain. According to a primary treating physician's progress report, dated May 18, 2015, the injured worker presented with complaints of right shoulder pain rated 7 out of 10, described as aching and stabbing. He also reports left knee pain, rated 6-7 out of 10, with the knee occasionally giving out. He has difficulty with descending the stairs, extension of the left knee, and weight bearing without the use of his knee brace which he reports provides stability. Assessments are documented as left knee meniscus tear, status post- surgery; left shoulder supraspinatus tendinosis with partial tear; left shoulder labrum tear; left shoulder bursitis. Treatment plan included authorization for transfer of care with another orthopedic surgeon regarding the left knee and follow-up in four weeks. At issue, is the request for authorization for physical therapy for the right shoulder and left knee and ongoing spine treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the right shoulder and left knee, twice a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter and pg 27.

Decision rationale: According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. According to the ODG guidelines, therapy for post-operative shoulder surgery is recommended for 24 visits over 14 weeks and 12 visits over 12 weeks for meniscal surgery. In this case, the claimant had undergone 8 sessions of therapy after shoulder surgery and 24 after knee surgery with minimal improvement and the time frame was over a year. Based on the above, the request for surgery is not medically necessary.

Ongoing spine treatment, frequency and duration unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case, the reason for the visits, frequency and duration were not justified. As a result, the request for return visits for spine treatment is not medically necessary.