

Case Number:	CM15-0094998		
Date Assigned:	05/21/2015	Date of Injury:	12/06/2012
Decision Date:	06/24/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/18/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old male, who sustained an industrial injury on 12/6/12. He reported bilateral leg injuries and traumatic brain injury. The injured worker was diagnosed as having status post open reduction/internal fixation of right lateral malleolar fracture, status post left knee arthroscopy, massive retracted rotator cuff tear of right shoulder, status post right knee arthroscopy and partial medial meniscectomy and nonunion of right lateral malleolar fracture post hardware removal. Treatment to date has included multiple ankle and knee surgeries including open reduction internal fixation of right lateral malleolar fracture with bone grafting, oral medications, physical therapy and home exercise program. Right ankle x-ray revealed healing lateral malleolus fracture and x-rays of left ankle revealed healed fracture with no degenerative changes. Currently, the injured worker complains of bilateral knee and right shoulder pain rated 6/10 worsening for about 1 and ½ weeks. He is temporarily totally disabled. Physical exam noted decreased range of motion of right ankle and slight tenderness over the fracture site. The treatment plan included a referral to physical therapy for right ankle and right shoulder, continuation of home exercise program and follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy - 12 treatments for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Review indicates the patient has received extensive PT for the ankle with 2 recent visits involving the shoulder. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program for flare-up, new injury, progressive deterioration, or with documented functional improvement in terms of increased ADLs with decreased pharmacological profile and medical utilization. For chronic injury with new findings, therapy may be medically appropriate to allow for relief and instruction on a home exercise program for a chronic injury. It appears the patient made some progress with therapy; however, request for additional therapy is beyond the treatment quantity for guidelines criteria, as the patient should continue to progress and be transitioned to an independent home exercise program from modalities previously instructed. Submitted reports have not adequately demonstrated the indication to support for excessive PT sessions without extenuating circumstances established beyond the guidelines of 9-10 visits. The Physical Therapy - 12 treatments for the right shoulder is not medically necessary and appropriate.