MAXIMUS Federal Services

Case Number:	CM14-0005171		
Date Assigned:	01/24/2014	Date of Injury:	02/15/2012
Decision Date:	06/09/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/14/2014

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 & Rehabilitation 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 51 year old with an injury date of 2/15/12. Based on the 12/9/13 progress report provided by [redacted] the diagnoses are: Musculoligamentous sprain of the cervical spine, chronic; Overuse syndrome bilateral upper extremities; Lateral epicondylitis bilateral elbows; de Quervain's tendinitis right wrist; Carpal tunnel syndrome bilateral wrists; Status post carpal tunnel release, bilateral wrists; Status post excision of volar ganglion, right wrist; Musculoligamentous sprain of the lumbar spine with lower extremity radiculitis; Chondromalacia patella both knees with possible other internal derangement; Tear glenoid labrum, left shoulder; Partial tear rotator cuff, left shoulder; Capsulitis left shoulder; Status post left shoulder arthroscopy with partial resection of glenoid labrum, debridement of rotator cuff and manipulation under general anesthesia, 11/6/13; Status post lumbar epidural injection, 2013, [redacted]. [redacted] 12/9/13 progress report states "right shoulder abduction is 150 degrees. 10/14/13 progress reports states "tender over supraspinatus, bilateral shoulders. The patient lacks 6-7 inches from touching toes." The patient underwent arthroscopy of the left shoulder on 11/6/13. The utilization review determination being challenged is dated 1/8/14. [redacted] is the requesting provider, and he provided treatment reports from 7/8/13 to 12/9/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X 4 VISITS FOR THE NECK, BACK, BILATERAL SHOULDERS, AND BILATERAL KNEES: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27.

Decision rationale: The patient is s/p left shoulder arthroscopic surgery from 11/6/13 and the treatment plan was to complete current therapy. The treater then asks for additional therapy 2x4 to address neck, back, bilateral shoulders & bilateral knees. The medical records provided for review do not show how many sessions of therapy this patient has had following shoulder surgery. It is unknown how many sessions of physical therapy the patient completed and the time frame of these sessions. MTUS Postsurgical Guidelines recommend 24 sessions of post-operative therapy following shoulder surgery for adhesive capsulitis. A review of the patient's treatment time-line shows surgery on 11/6/13 and the request for additional therapy on 12/9/13. The patient has had at most 8-10 sessions of post-operative therapy by the time the treater has asked for additional therapy. The current request for 8 additional sessions is within the 24 sessions recommended by MTUS for post-operative care following manipulation under anesthesia. The request is therefore medically necessary and appropriate.