

Case Number:	CM14-0181374		
Date Assigned:	11/06/2014	Date of Injury:	12/08/2011
Decision Date:	12/12/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/31/2014

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 Orthopedic Surgery 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:

This is a 44-year-old female with a 12/8/11 date of injury. According to a progress report dated 11/6/14, the patient described shooting pain along the upper extremities. She has been developing what appears to be chronic regional pain syndrome with color change along her hand, inability to touch and sensitivity, and hyperesthesia along the upper extremity as well. Objective findings: exquisite tenderness along the shoulder noted on the left, limited left shoulder range of motion, tenderness noted in both shoulders with weakness to resisted function. Diagnostic impression: discogenic cervical condition, upper thoracic sprain, impingement syndrome of shoulder bilaterally (status post decompression, rotator cuff repair, and distal clavicle excision on the right), impingement syndrome of the shoulder on the left, epicondylitis medially and laterally bilaterally. Treatment to date includes medication management, activity modification, injections, status post right shoulder intervention with decompression, rotator cuff repair, distal clavicle excision in 2/20/14, and TENS unit. A UR decision dated 10/9/14 denied the request for post-operative physical therapy for the left shoulder. A specific rationale for denial was not provided. However, the documents provided for review indicate that a UR decision dated 10/9/14 denied a request for left shoulder arthroscopic decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy for the Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guidelines support up to 24 visits over 14 weeks postsurgical treatment of arthroscopic rotator cuff syndrome/impingement syndrome surgery. However, in the present case, the documents provided for review indicate that a UR decision dated 10/9/14 denied a request for left shoulder arthroscopic decompression. Since the initial operative request was not found to be medically necessary, the associated postoperative request cannot be substantiated. Therefore, the request for post-operative physical therapy for the left shoulder is not medically necessary.