

Case Number:	CM14-0026784		
Date Assigned:	03/05/2014	Date of Injury:	05/29/2009
Decision Date:	04/15/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/04/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine, 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 69 year old female injured worker with date of injury 5/29/09 with related left shoulder and neck pain. She was diagnosed with left shoulder acromioclavicular joint derangement, and underwent revision of a failed rotator cuff repair 5/8/12. MRI of the left shoulder dated 12/30/13 revealed small longitudinal defect of the supraspinatus immediately adjacent to the fixation screw/suture anchor. She was refractory to physical therapy and medication management. The date of UR decision was 2/5/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY QTY: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99. Decision based on Non-MTUS Citation SHOULDER, PHYSICAL THERAPY

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home

Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks." ODG TWC specifies the treatment for Rotator cuff syndrome/Impingement syndrome: Medical treatment: 10 visits over 8 weeks Post-injection treatment: 1-2 visits over 1 week Post-surgical treatment, arthroscopic: 24 visits over 14 weeks Post-surgical treatment, open: 30 visits over 18 weeks Review of the submitted records indicates that following the rotator cuff repair of 5/8/12, aggressive physical therapy was pursued, however the number of sessions completed was not documented. Without this information, the medical necessity of this request cannot be affirmed. It should be noted that the UR physician has certified a modified request of 2 physical therapy visits.