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| Case Number: | CM14-0027557 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 12/07/2011 |
| Decision Date: | 07/23/2014 | UR Denial Date: | 02/11/2014 |
| 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 Occupational 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:

The patient is a 46-year-old female with date of injury 12/07/2011. The patient underwent left shoulder arthroscopic surgery for rotator cuff repair, acromioplasty, and distal clavicle resection on 05/23/2013. The medical record associated with the request for authorization, a primary treating physician's progress report, dated 01/29/2014, lists subjective complaints as pain in the left shoulder. The patient had nerve conduction studies on 09/05/2013 which diagnosed her with bilateral carpal tunnel syndrome. Objective findings revealed well-healed arthroscopic portals, forward flexion to 160 degrees, abduction to 140 degree an internal rotation to the sacroiliac joint and manual muscle testing of 4/5. The diagnosis are: industrial injury to the left shoulder on 12/07/2011, and status post left shoulder arthroscopy 05/23/2013 3. Electromyography (EMG)/NCV (nerve conduction velocity) studies of 09/05/2013 noted bilateral carpal tunnel syndrome. The patient has undergone 10 sessions of physical therapy to date. There was a lapse in the course of physical therapy for reasons and explained in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL THERAPY TO LEFT SHOULDER TWO(2) TIMES SIX (6): Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: According to the medical record, the patient underwent arthroscopic surgery for both rotator cuff tear and impingement syndrome. The patient completed only 10 visits of physical therapy post surgically. According to the MTUS Post-Surgical Treatment Guidelines, the postsurgical physical medicine treatment period is 6 months and the patient is entitled to 24 visits of therapy over 14 weeks. The request is for only 12 more visits. As such, the request for physical therapy to the left shoulder two (2) visits per week for six (6) weeks is medically necessary.