

Case Number:	CM14-0045555		
Date Assigned:	06/27/2014	Date of Injury:	12/12/2011
Decision Date:	08/18/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/02/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 51-year-old female was reportedly injured on December 12, 2011. The mechanism of injury was noted as a motor vehicle accident. The most recent progress note, dated May 22, 2014, indicated that there were ongoing complaints of neck pain, back pain, left shoulder pain, left elbow pain, and bilateral wrist/hand pain. Current medications include Tylenol #3, aspirin, Prilosec, pravastatin, lisinopril, and metformin. The physical examination demonstrated tenderness over the bilateral trapezius and rhomboid muscles as well as tenderness along the thoracic spine from T4 through T7. The examination of the left shoulder noted tenderness over the anterior aspect and pain with range of motion. There was a positive Neer's test and Hawkins test. Diagnostic nerve conduction studies showed bilateral carpal tunnel syndrome. An MRI of the left shoulder showed postoperative changes, severe tendonosis of the supraspinatus, mild to moderate narrowing of the subacromial space, hypertrophy of the distal clavicle with spurring, tenodesis of the long head of the biceps tendon, and bony edema and reactive changes secondary to surgery. Previous treatment included left shoulder surgery and postoperative physical therapy. A request was made for an additional twelve visits of postoperative physical therapy for the left shoulder and was not certified in the pre-authorization process on March 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 12 post-operative physical therapy sessions for the left shoulder (twice weekly for 6 weeks): Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CA DWC 2009 (effective 07/18/09), Statements Summary 2011 or page 27 Page(s): 27.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, postoperative physical therapy for rotator cuff syndrome/impingement syndrome is authorized for up to 24 visits. According to the medical record, the injured employee has participated in twelve visits thus far. The most recent progress note, dated May 22, 2014, indicated that there was still pain with range of motion and impingement signs. Considering this, the request for an additional twelve postoperative physical therapy sessions for the left shoulder is medically necessary.