

Case Number:	CM14-0053200		
Date Assigned:	07/07/2014	Date of Injury:	10/09/2012
Decision Date:	08/28/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/21/2014

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 49-year-old male with a date of injury of 10/9/12. The patient had gradually developed pain in shoulders and elbows bilaterally. He gradually developed pain in his elbows and shoulders starting in 2011. He was a truck driver/delivery person for a packing company, lifting and carrying boxes, packing peanuts, tape and janitorial supplies. The 3/21/04 progress notes reports that the patient complains of bilateral shoulder pain, rating his pain from 8/10-10/10. He had positive Hawkin's impingement, O'Brien's, Yergason's and cross-arm adduction tests. The patient also reports pain in his elbows that is intermittent and activity-related. The lateral aspects of the epicondyles were tender bilaterally. Diagnostic impression: Partial bursal surface tear of the rotator cuff with small tear and degeneration of the superior labrum with impingement, right shoulder, Tendinosis, left shoulder with impingement, superimposed upon mild acromioclavicular arthrosis, and Bilateral lateral epicondylitis. Treatment to date: medication management, activity modification, corticosteroid injections into the joint, and physical therapy. A UR decision date 3/18/2014 denied the request for 12 Initial Post-op Physical Therapy for Left Shoulder 2XWeek for 6 Six Weeks as an outpatient. The basis for the non-certification was that surgery was not recommended; therefore post-surgical management was not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 INITIAL POST-OP PHYSICAL THERAPY FOR LEFT SHOULDER 2x WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM <https://www.acoempracguides.org/shoulder>.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: The CA-MTUS Guidelines for open post-surgical physical therapy as 3-8 visits over 3-5 weeks. Based on the above stated updates in the evaluator's recommendations, there is sound rationale for physical therapy post-surgery for as much as 8 visits in up to 5 weeks. A Qualified Medical Evaluation dated 3/21/14 was completed after the initial UR decision. The Panel evaluator recommended arthroscopic surgery as per the prior orthopedic surgeon recommendation. The PQMR report states the patient was experiencing continued pain with his shoulder impingement and possible rotator cuff tear despite conservative management. The evaluator also proceeded to recommend a course of physical therapy should surgery occur but was unspecific as to number of visits and the frequency of visits. However, this request is for a total of 12 post-operative physical therapy sessions, and guidelines only support up to 8 post-operative PT sessions. In addition, it is unclear if the initial surgical request has been certified, therefore, the associated peri-operative request cannot be substantiated. Therefore, the request for 12 Initial Post-op Physical Therapy for Left Shoulder for 2X Week for 6 Weeks was not medically necessary.