

Case Number:	CM14-0064132		
Date Assigned:	07/11/2014	Date of Injury:	08/27/2010
Decision Date:	09/22/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/07/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 47-year-old female who reported injury on 08/27/2010. The diagnosis included pain in joint shoulder region. The surgical history included lumbar surgery with left arthroscopic subacromial decompression and a left medial epicondylitis with cubital tunnel syndrome. The subacromial decompression was noted to take place in 07/2013. Prior treatments included 76 physical therapy visits for the left shoulder. The mechanism of injury was left shoulder strain from cleaning a mirror. Diagnostic studies included an MRI and electrodiagnostic testing. Other treatments included subacromial corticosteroid injections. The documentation of 03/10/2014 revealed the injured worker had left shoulder pain of 5/10. The injured worker had right knee pain, elbow pain, and wrist and hand pain as well as back pain. The objective findings revealed the injured worker had tenderness of the left shoulder anterior aspect and at the acromial joint. The diagnoses included status post left arthroscopic subacromial decompression 07/2013 and left medial epicondylitis with cubital tunnel syndrome. The treatment plan included 12 sessions of postoperative physical therapy 3 times a week for 4 weeks. Additionally, there was a lack of documented rationale for further therapy. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 12, left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines)/TWC.

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines indicate the appropriate treatment for impingement syndrome or rotator cuff syndrome is 24 visits with the physical medicine treatment of 6 months. The clinical documentation submitted for review indicated the injured worker had undergone 76 sessions of physical therapy. There was a lack of documentation of objective functional deficits to support the necessity for ongoing therapy. There was a lack of documentation indicating the injured worker's response to the prior 76 sessions of therapy. This request would exceed the guideline recommendations. The injured worker should be well versed in a home exercise program. Given the above, the request for physical therapy times 12 left shoulder is not medically necessary.