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| Case Number: | CM14-0182966 | | |
| Date Assigned: | 11/07/2014 | Date of Injury: | 11/30/2010 |
| Decision Date: | 01/07/2015 | UR Denial Date: | 10/02/2014 |
| Priority: | Standard | Application Received: | 11/03/2014 |

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 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 73- year old female with date of injury 11/30/10. The treating physician report dated 9/12/14 indicates that the patient presents with pain affecting her range of motion and stiffness in the left shoulder (Pg. 42). The physical examination findings reveal the left shoulder has "indeed become stiff. Passive forward elevation is to 90 degrees. Active forward elevation is basically nonexistent. Prior treatment history includes left shoulder surgery in 4/11 and revision left shoulder surgery on 4/30/14. There is mention of multiple MRI reports but no records were provided. Reports suggest MRI findings revealed a left shoulder full thickness re-tear of the rotator cuff with retraction and subluxation of the humeral head. Additionally the patient has completed 17 of the 24 Physical Therapy sessions authorized. However, there was a delay in her PT treatment from 7/25/14 to 9/8/14.-The current diagnoses are: -Status post revision left shoulder rotator cuff repair-Status post left ulnar nerve transposition-Right carpal tunnel syndrome-Bilateral thumb CMC degeneration-Right shoulder rotator cuff tearThe utilization review report dated 10/2/14 denied the request for Additional post-operative therapy, twice a week for six weeks for the left shoulder based on MTUS Post-Surgical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post operative therapy, twice a week for six weeks for the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: The patient presents 8 months post left shoulder rotator cuff repair with continued left shoulder pain affecting her range of motion and stiffness. The current request is for Additional post-operative therapy, twice a week for six weeks for the left shoulder. The treating physician states in the 9/12/14 report that the patient's shoulder has "indeed become stiff" and that "her motion at this point is terrible." The physician goes further to state that the patient had no therapy between 7/25/14 and 9/8/14 and that not only was the patient's therapy delayed but "she only had six therapy visits approved." Finally, the physician notes that since the delay and the last therapy that the patient reports she has "worsened substantially." (Pg. 42)The Post-Surgical MTUS Guidelines would appear to apply in this case. The recommendation for rotator cuff syndrome/impingement syndrome is 24 visits. In this case the patient has completed 17 of the 24 approved physical therapy sessions. The patient has therefore not completed the full allotment of therapy sessions and thus the results of said treatment are yet to be known. The current request for an additional 12 physical therapy sessions exceeds the MTUS recommendation of 24 visits. There is no rationale provided to indicate why the patient has not been transitioned back to a home exercise program and there is no report of a new injury, new surgery or new diagnosis that could substantiate the current request. The request is not medically necessary and appropriate.