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| Case Number: | CM14-0189197 | | |
| Date Assigned: | 11/20/2014 | Date of Injury: | 11/02/2011 |
| Decision Date: | 01/08/2015 | UR Denial Date: | 10/24/2014 |
| Priority: | Standard | Application Received: | 11/12/2014 |

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, has a subspecialty in Interventional spine 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 69 year old male with an injury date of 11/02/11. The 08/13/14 report states that the patient presents with chronic lumbar spine pain and improved left shoulder pain post left shoulder revision surgery. Examination reveals increased range of motion of the left upper extremity compared to previous examinations along with mild spasm and tenderness in the paravertebral muscles of the lumbar spine. The 02/28/14 operative report for left shoulder arthroscopy gives a postoperative diagnosis of left shoulder rotator cuff tear. The patient's diagnosis is shoulder impingement. The utilization review being challenged is dated 10/24/14. Reports were provided from 02/26/14 to 08/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 12 sessions for the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Page(s): 26, 27, Postsurgical Treatment Guidelines.

Decision rationale: The patient presents with chronic lumbar spine pain and improved left shoulder pain post left shoulder revision surgery 02/28/14. The treater requests for physical therapy 12 sessions for the left shoulder per request of uncertain date. The 10/24/14 Utilization Review states the request was received 10/20/14; however, the date of the request is not stated and the RFA is not included. The 02/26/14 report states that 18 sessions of postoperative treatment is being requested for the left shoulder following scheduled surgery. The 02/28/14 operative report includes the following procedures: Left shoulder diagnostic arthroscopy and arthrotomy, and open sub-acromial decompression and resection of the CA ligament. The 07/16/14 report states the patient was previously approved for post revision surgery physical therapy, but for "unclear reasons" therapy has not been scheduled. The treater states therapy is to further increase range of motion and functional capacity. The 08/13/14 report states, "For unclear reasons he has not started physical therapy." The report further states therapy is to be scheduled again; however, does not state the number of sessions. In this case, it appears that this request is for post-surgical treatment of Rotator Cuff syndrome and the requests are within the post-surgical treatment period of 6 months. Twelve sessions are within what is allowed by MTUS. The request is medically necessary.