

Case Number:	CM14-0204255		
Date Assigned:	12/16/2014	Date of Injury:	07/12/2014
Decision Date:	02/06/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/05/2014

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 Occupational Medicine and is licensed to practice in Arizona. 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 52 year old female with date of injury 7/12/2012. It is noted that there was not one specific event but rather cumulative trauma from 11/1/2011 through 7/12/12 while perform her duties which involved the use of a pressure gun with her right hand and grabbing pieces of hot silicone from a hot machine with her left hand anywhere from 2000-3000 times in an 8 hour work day. As time went on the injured worker began to notice tingling sensation in her arms as well as numbness and pain. She received a fluoroscopically guided right shoulder supra-scapular nerve injection containing bupivacaine and kenalog on 10/3/13. It appears she had a right carpal tunnel release done 3/13/2014. She also had left shoulder arthroscopy done 5/6/2014. She then had physical therapy evaluation of her right wrist and left shoulder on 6/6/2014 and completed at least 12 sessions of physical therapy from 8/27/2014 to 10/2/2014. On 9/26/2014 she was seen for neck pain radiating into her arms, her physical exam was positive for moderate tenderness over the para-spinal muscles, limited range of motion secondary to pain and a positive spurlings' test. She was diagnosed as trigger finger and tenosynovitis of hand and wrist. She appears to have received a bupivacaine /betamethasone injection. It is not specified whether this was the left or right. On 11/3/2014 she was seen for right shoulder pain, the physical exam revealed limited range of motion in her right shoulder, reduced motor strength of supraspinatus and MRI review showed supraspinatus partial tear with impingement syndrome. Right shoulder arthroscopy with possible rotator cuff repair and possible sub-acromial decompression was recommended. UR dated 11/13/14 with request for authorization dated 11/10/14 was for right shoulder arthroscopy, debridement, sub-acromial decompression, rotator cuff repair which was non certified and physical therapy post op x 12 was also non certified. The application for independent medical review dated 11/20/2014 regarding the UR dated 11/13/14 with diagnosis adhesive capsulitis of the shoulder does not specify if this is the left or right but based on the UR

report it appears to be for the right, Review of the medical records does not show that a right shoulder arthroscopy has been performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op- Physical Therapy x 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

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

Decision rationale: Per the MTUS, post-surgical physical therapy is recommended, however a review of the injured workers medical records does not show that a right shoulder arthroscopy has been certified or performed, therefore at this time the request for post-operative physical therapy x12 is not medically necessary.