

Case Number:	CM14-0096885		
Date Assigned:	07/28/2014	Date of Injury:	12/07/2010
Decision Date:	01/02/2015	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/25/2014

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 Orthopedic Surgery 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:

This is a 49 year old female who suffered injuries to her upper extremities, neck, spine, and shoulders in an industrial related accident. The injured worker also had complaints related to acid reflux and regurgitation, which she reported, had increased in frequency. A MRI report dated 1/23/12 noted no evidence of a tear to the rotator cuff but degeneration and tendinosis of the supraspinatus were suspected. Also mild capsular hypertrophy of the inferior aspect of the right acromioclavicular joint was noted. A physician's report dated 4/24/12 noted central obesity with tenderness along the right costal margin with a negative Murphy's sign. The injured worker was taking Tramadol, Tizanidine, Mortin, Aleve, and Advil for pain relief. An operative report dated 1/15/14 noted perioperative diagnoses of chronic subacromial impingement syndrome of the left shoulder, degenerative joint disease of the left acromioclavicular joint, partial thickness bursal surface supraspinatus/infraspinatus tendon tear, and superior labrum degenerative type 1 superior labrum anterior and posterior (SLAP) tear. The injured worker underwent an arthroscopic left shoulder subacromial decompression, arthroscopic distal clavicle resection, extensive debridement of the partial thickness bursal surface rotator cuff repair, and extensive debridement of the superior labrum degenerative type 1 SLAP tear. Unfortunately many of the medical reports provided are handwritten and illegible. On 6/19/14 the utilization review (UR) physician denied the request for post-operative physical therapy one time per week for four weeks for the left shoulder and energy shock wave therapy (ESWT) for the left elbow. Regarding physical therapy the UR physician noted due to illegible records there was no documentation of the number of physical therapy sessions completed of objective improvement. Regarding ESWT for the left elbow, the UR physician noted illegible medical records did not state the amount of conservative measures directed to the elbow complaints. There was also no clear documentation to indicate the number of physical therapy sessions or duration of symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post-op Physical Therapy (PT) 1x4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 26-27.

Decision rationale: Per the CA MTUS Post Surgical Treatment Guidelines, Shoulder, page 26-27 the recommended amount of postsurgical treatment visits allowable are: Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks* Postsurgical physical medicine treatment period: 6 months Postsurgical treatment, open: 30 visits over 18 weeks* Postsurgical physical medicine treatment period: 6 months In this case it is unclear how many visits have been performed to date in the records. There is insufficient evidence of functional improvement or reason why a home based program cannot be performed to warrant further visits. Therefore the determination is for not medically necessary.

ESWT Left Elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Elbow

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, ESWT

Decision rationale: CA MTUS/ACOEM is silent on the issue of shockwave therapy for the elbow. Per the ODG elbow section, extracorporeal shockwave therapy, ESWT is not recommended. As the guidelines do not recommend ESWT, therefore determination is for not medically necessary.