

Case Number:	CM15-0137542		
Date Assigned:	07/27/2015	Date of Injury:	07/26/2013
Decision Date:	08/31/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66 year old male, who sustained an industrial injury on 7/26/2013. Diagnoses have included cervical spine myoligamentous injury with bilateral upper extremity radicular symptoms, bilateral shoulder impingement syndrome with partial right rotator cuff tear, lumbar spine myoligamentous injury with bilateral lower extremity radiculopathy right greater than left, chronic bilateral thumb and wrist arthritis with moderate carpal tunnel syndrome, bilateral plantar fasciitis and medication-induced gastritis. Treatment to date has included shoulder injections, physical therapy, trigger point injections, magnetic resonance imaging (MRI), lumbar epidural steroid injection and medication. According to the progress report dated 6/1/2015, the injured worker complained of pain in both shoulders, left greater than right. He complained of neck pain with radiation into the trapezius muscles and medial scapular region and down the right upper extremity. He complained of low back pain radiating down to the bilateral lower extremities, right greater than left. Exam of the cervical spine revealed tenderness to palpation and multiple trigger points. Exam of the lumbar spine revealed tenderness to palpation with trigger points and taut bands. The injured worker was seen for an orthopedic consult on 6/5/2015. He complained of pain in his cervical spine, bilateral shoulders, bilateral wrists and bilateral feet. Exam of the shoulders revealed moderate to severe tenderness over the acromioclavicular joints. Impingement sign was positive, right worse than left. The treatment plan was for right shoulder arthroscopy. Authorization was requested for post-op physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post physical therapy x 24 sessions: Upheld

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

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

Decision rationale: MTUS recommends 24 post-op therapy visits after surgery for a rotator cuff syndrome. However, the guideline recommends only half of these as an initial prescription, followed by physician reassessment. Thus the current request exceeds the treatment guidelines. The request is not medically necessary.