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| Case Number: | CM15-0193802 | | |
| Date Assigned: | 10/12/2015 | Date of Injury: | 05/01/2014 |
| Decision Date: | 11/18/2015 | UR Denial Date: | 09/03/2015 |
| Priority: | Standard | Application Received: | 10/02/2015 |

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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 49 year old female, who sustained an industrial injury on 5-1-14. The injured worker is being treated for cervical spine sprain-strain, rule out cervical spine degenerative disc disease, right shoulder sprain-strain and status post right shoulder arthroscopy. Treatment to date has included right shoulder arthroscopy, physiotherapy (with limited improvement as noted by the injured worker), oral medications including Norco and Soma, topical TGIce, transcutaneous electrical nerve stimulation (TENS) unit and activity modifications. On 6-12-15 the injured worker complained of constant pain in right shoulder traveling to cervical spine and left shoulder blade rated 9 out of 10 and on 7-30-15, the injured worker complains of constant pain in right shoulder traveling to her cervical spine and left shoulder blade described as deep and aching and rated 8 out of 10 with medication. She notes her pain is worsening. She also complains of difficulty falling asleep and waking during the night due to pain and decreased muscle mass and strength. Work status is noted to be temporarily totally disabled. Physical exam performed on 6-12-15 and 7-30-15 revealed non-specific tenderness in right shoulder and palpation indicated moderate tenderness at acromioclavicular joint, anterior labrum, supraspinatus, infraspinatus, bicipital group, acromion and upper trapezius on right with positive supraspinatus resistance test on right and impingement maneuver revealed pain. It is also noted range of motion of right shoulder is restricted. Exam of cervical spine revealed tenderness to palpation of right paraspinal region C2-3, 3-4, 4-5, 5-6, 5-6 and C7-T1 and slightly restricted cervical range of motion. On 7-30-15 request for authorization was submitted for physical therapy right shoulder-cervical spine 6 visits. On 9-3-15 request for 6 physical therapy session of right shoulder-cervical spine was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy cervical spine-right shoulder x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, and Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute and Chronic), Shoulder (Acute and Chronic), physical therapy.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: Per the CA MTUS Post Surgical Treatment Guidelines, Shoulder, pages 26 and 27 the recommended amount of postsurgical treatment visits allowable are: Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, open: 30 visits over 18 weeks. In this case the patient underwent an open rotator cuff repair on 6/19/14. It has been over 18 weeks since this surgery and thus this patient does not meet the CA MTUS Post Surgical Treatment Guidelines for the requested physical therapy. As such, this request is not medically necessary.