MAXIMUS Federal Services

Case Number:	CM15-0037017		
Date Assigned:	03/05/2015	Date of Injury:	06/05/2013
Decision Date:	04/16/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/27/2015

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
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 56 year old female, who sustained an industrial injury on 6/5/13. She has reported left shoulder and left neck. The diagnoses have included left shoulder bursitis, complete rupture of rotator cuff, left shoulder; left shoulder derangement, left shoulder impingement syndrome and left shoulder acromioclavicular joint osteoarthritis. Treatment to date has included physical therapy, cervical steroid injections, oral sleep aides and Butrans patch. (MRI) magnetic resonance imaging of left shoulder performed on 6/12/14 noted small complete tear of the supraspinatus with no muscular retraction or atrophy. A partial tear of the subscapularis and moderate degenerative changes of the acromioclavicular joint were also noted. Currently, the injured worker complains of frequent sharp burning left shoulder pain associated with weakness, numbness grinding and swelling with radiation to left hand. She also complains of frequent left sided neck pain, achy, burning and shooting in character with radiation to left shoulder. On physical exam, tenderness was noted on palpation of left shoulder over the deltoid complex and range of motion was restricted due to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 for left shoulder: Upheld

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

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

Decision rationale: The 57 year old patient complains of frequent left shoulder pain, rated at 6-9/10, and left hand and left-sided neck pain, rated at 6-7/10, as per progress report dated 08/18/14. The request is for PHYSICAL THERAPY 3 X 4 FOR THE LEFT SHOULDER. There is no RFA for this case, and the patient's date of injury is 06/05/13. Diagnoses, as per progress report dated 08/18/14, included left shoulder bursitis, complete rupture of left shoulder rotator cuff, left shoulder derangement, left shoulder impingement, and left shoulder AC joint arthritis. Medications include Butrans patch and sleep aids. The report does not document the patient's work status. MTUS, post-surgical guidelines pages 26-27, recommend 24 visits over a span of 14 weeks. Post-operative time frame is six months. In this case, only one progress report, dated 08/18/14, has been provided for review. In the report, the treating physician is requesting for left shoulder arthroscopy with Mumford procedure, rotator cuff repair and subacromial decompression along with post-operative physical therapy. There is no RFA for this case. However, the UR letter dated 02/12/15 states that the patient has already received 18 sessions of PT post-operatively. MTUS recommends 24 visits in post-operative cases. Hence, the current request for 12 sessions of PT is excessive and IS NOT medically necessary.