

Case Number:	CM15-0037818		
Date Assigned:	03/06/2015	Date of Injury:	10/26/2012
Decision Date:	04/17/2015	UR Denial Date:	02/18/2015
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 60-year-old female who sustained a work related injury on October 26, 2012, where she injured her right knee, right and left shoulders and right foot when she fell exiting a cab. She was diagnosed with a right knee meniscus tear, shoulder strain, impingement syndrome, rotator cuff tendonitis/bursitis, rotator cuff tear and adhesive capsulitis. She underwent a repair of the meniscus of the right knee in 2013 and a right shoulder rotator cuff repair in 2013. Treatment included physical therapy, pain medications, cortisone injections, and acupuncture sessions. Currently, in January 2015, the injured worker complained of right shoulder pain. On February 18, 2015, a request for physical therapy treatment two times a week times three weeks to the left shoulder was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy twice a week for 3 weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Edition, Chapter: Shoulder.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: Per the reports provided from 08/25/14 to 01/12/15, the patient presents with Chronic Left shoulder pain. The current request is for physical therapy twice a week for 3 weeks for the left shoulder. The RFA included is dated 01/29/15 and states this request is, "s/p Decom Shoulder." The patient is not working. Shoulder (Post-surgical MTUS p26, 27); Rotator cuff syndrome/Impingement syndrome states, postsurgical treatment, arthroscopic: 24 visits over 14 weeks; Postsurgical physical medicine treatment period: 6 months. MTUS non-postsurgical treatment guidelines pages 98, 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. This request is not discussed in the reports provided. There is no evidence that the patient is currently within a post-surgical treatment period for the Decompression of the left shoulder. The 01/12/15 report by [REDACTED] states that the patient is considering Left shoulder surgery. The 02/12/15 Emergency Room report states that Left shoulder surgery is not yet scheduled. This is presumably a prospective request for post-surgical treatment of the left shoulder; however, this is not clearly stated. There is no evidence provided that shoulder surgery has been authorized. In this case, the request is not medically necessary.