MAXIMUS Federal Services

Case Number:	CM15-0045112		
Date Assigned:	03/16/2015	Date of Injury:	05/20/2009
Decision Date:	04/24/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/09/2015

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, Hawaii
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 52 year old male who sustained an industrial injury on May 20, 2009. The injured worker was involved in a motor vehicle accident. The injured worker underwent a left shoulder arthroplasty in February 2012, left carpal tunnel release in October 2011, and right carpal tunnel release in February 2010. The injured worker was diagnosed with tendonitis wrists and hands, cervical sprain/strain, headaches, rotator cuff tear and lumbar spine radiculopathy. Latest lumbar magnetic resonance imaging (MRI) was performed on March 6, 2014, left shoulder magnetic resonance imaging (MRI) in January 2013. On September 30 2014 Electromyography (EMG)/Nerve Conduction Velocity (NCV) studies were performed. According to the primary treating physician's progress report on February 10, 2015, the injured worker reported no improvement and continues to experience bilateral hand pain that radiates to the bilateral wrists. The injured worker also complains of bilateral shoulder pain greater on the left shoulder with slight improved range of motion and weakness. He has the same neck pain with stiffness and occasional headaches. Low back pain with radiation to the lower extremities is unchanged. Examination of the left shoulder demonstrated a well healed incision with decreased range of motion. Treatment plan consists of home exercise stretching and strengthening program, Ibuprofen and the request for 24 sessions of physical therapy to the right shoulder to help with overhead activities and to reach maximum medical improvement as stated in the January 27, 2015 orthopedic medical evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left shoulder x 24: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 12/15/10).

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

Decision rationale: The patient presents with low back pain. The current request is for Physical Therapy for the left shoulder x24. The treating physician states, "I have been treating for his left shoulder glenohumeral arthritis and rotator cuff pathology. Secondary too this, he underwent surgical intervention on August 19, 2013. His pain is better that is was preoperatively. However, he still has limitations with overhead activities, particularly with holding his arm above the level of the shoulder. The patient has done quite well in a year-and-a-half and I am quite pleased with the pace that his rotator cuff has healed back down. As he still has ongoing open case relative to his spine, which will require surgical intervention, I am requesting authorization for an additional 24 sessions of therapy for strengthening his rotator cuff. This will help with overhead activities, and help him reach maximal medical improvement." (B.141) The MTUS Post-Surgical Guidelines allow 40 visits over 16 weeks for Complete Rupture of Rotator Cuff. However, the surgery was over one year ago. In this case, the MTUS Chronic Pain guidelines for Physical Medicine are used. Those guidelines support 9-10 sessions over 8 weeks for myositis and myalgia pain. In this case, the treating physician has documented that the patient has completed previous physical therapy sessions. The current request for 24 sessions is beyond the maximum allowed for this type of condition. The current request is not medically necessary and the recommendation is for denial.