

Case Number:	CM14-0120646		
Date Assigned:	08/06/2014	Date of Injury:	07/25/2012
Decision Date:	12/24/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Montana. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 chef with dates of injury of 12/15/11 and 7/25/12. The mechanism of injury is not noted in the medical records. Treatment has included right thumb surgery on 10/28/13 and left shoulder arthroscopic surgery with open Mumford procedure and labral tear on 3/17/14. After the shoulder surgery she has completed at least 18 physical therapy visits. Medication management has included Norco, Naproxen sodium, and Protonix. The injured worker continues to have complaints of bilateral hand and left shoulder pain with anterior tenderness and limited shoulder range of motion. The primary treating physician has requested physical therapy 3 times per week for 6 weeks (18 additional sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines

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

Decision rationale: The MTUS Post-Surgical Treatment Guidelines for the shoulder note that for rotator cuff syndrome/impingement syndrome (ICD9 726.1; 726.12) if arthroscopic, 24 physical therapy visits over 14 weeks are authorized during the postsurgical physical medicine treatment period of 6 months. If the procedure is open, 30 visits over 18 weeks are authorized over the postsurgical physical medicine treatment period of 6 months. In this case the injured worker is still within the postsurgical physical medicine treatment period. The records show that an initial series of 12 PT visits were completed post-operatively along with 6 additional visits. The request for physical therapy, 3 sessions per week for 6 weeks, would exceed the recommended total of 30 visits and is not medically necessary.