

Case Number:	CM14-0126606		
Date Assigned:	08/13/2014	Date of Injury:	06/10/2009
Decision Date:	10/09/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/11/2014

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 Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 52-year-old female with date of injury of 06/10/2009. The listed diagnoses per [REDACTED] from 04/22/2014 are: 1.1.Neck pain2.Back pain 3.Left shoulder pain. According to this report the patient complains of pain in the area of the greater tuberosity that radiates down her upper arm. Upon examination, she has tenderness over that region. She exhibited good motion and good strength in the shoulder with a positive impingement test and mildly positive O'Brien's test. The treater references an MRI from May 10, 2013, which showed thickening with normal signal of the distal supraspinatus tendon possibly consistent with tendinosis versus degenerative change versus extensive partial inter-substance tear. Also, there were degenerative hypertrophic changes of the AC joint which abuts the underlying supraspinatus muscle and tendon. The 07/15/2014 PR-2 shows that the treater is requesting arthroscopic evaluation of the left shoulder and possible rotator cuff repair and 12 post-surgical PT. The utilization review denied the request on 03/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Post-Operative physical Therapy sessions 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: This patient presents with left shoulder pain. The treater is requesting 12 post-operative physical therapy visits for the left shoulder. The MTUS post-surgical guidelines page 26 and 27 for rotator cuff syndrome/impingement syndrome, recommends 24 visits over 14 weeks. The utilization review denied the surgery on 07/31/2014, stating that the medical necessity for the requested surgical procedure has not been established. Given the denial of the shoulder surgery, post-surgical physical therapy is not necessary. Therefore, the request of twelve (12) Post-Operative physical Therapy sessions for left shoulder is not medically necessary and appropriate.